

# MIND YOUR MIND



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NAVAKARNATAKA

Dr. C. R. Chandrashekar

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Mind your mind



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A Collection of articles on Mental illness and Mental Health – by  
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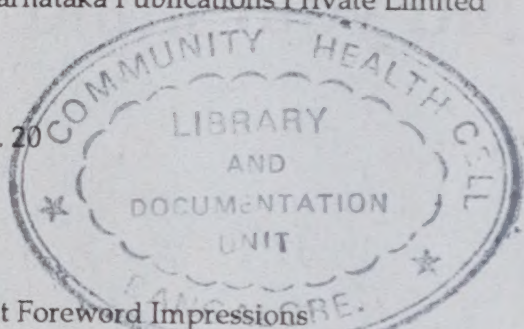
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Dear Reader,

Though the mental illnesses are widely prevalent in the community, many people do not know their nature, causes, different presentations and treatment. They are afraid of these illnesses thinking that they are incurable, harmful to the patients and their family members as well as to others. They harbour many unscientific and blind beliefs, unhealthy attitude and dangerous practices regarding the management of these patients. They ill-treat the patients and reject them. Thus mentally ill, suffer silently not only from the illness but also from the mismanagement. They are not allowed to get treated scientifically in the hospitals. Often they do not consult the doctors. Now mental health services are available in psychiatric units of District General Hospitals or Medical College Hospitals. As part of National Mental Health Programme of India (1982), Primary Health Care doctors and health workers are being trained to give basic mental health care in their own institutions like P.H.C., P.H.U. or Taluk/General Hospitals. Patients who are in need of treatment should get it so that they can recover and lead a normal life.

This book is an attempt to give basic information regarding various aspects of mental illnesses. You might have read some of the articles in newspapers and periodicals like Deccan Herald, Times of India, Womens Era. I would like to thank these periodicals for publishing the articles and educating people. I thank Mr. Rajaram of Navakarnataka Publications, Bangalore, for publishing this book. My sincere 'Pranams' to my teachers, colleagues and the patients who enriched my knowledge.

September, 1987

Dr. C. R. Chandrashekar

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## WHAT IS MIND

Man has ability to think. He remembers his or others' past experiences. He shows appropriate reactions to situations and takes meaningful decisions in that background. He analyses the problems and finds solutions. He can logically construct new ideas. He understands his environment and can make suitable adjustments. He expresses appropriate emotions. He can have control over his desires and sexual activities. He decides which is good and which is bad for himself and his family. He tries to lead his life in such a way that it is comfortable and prosperous. He can understand whether he is healthy or ill. He knows his limitations. He can have a few meaningful goals and strive to reach them.

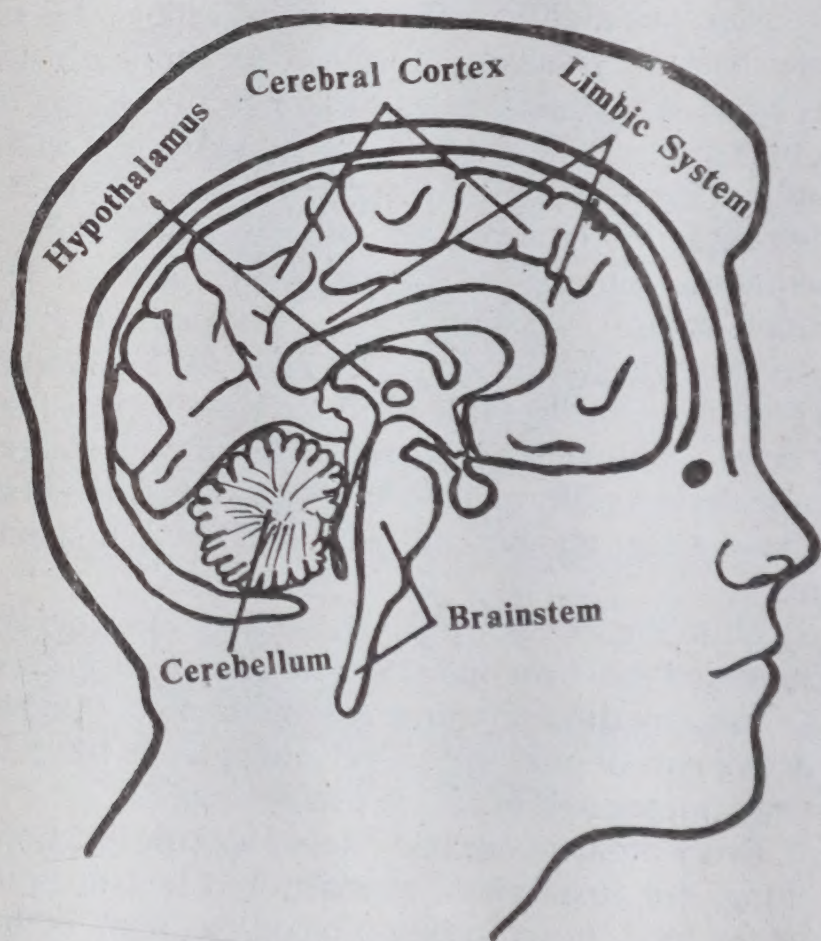
Thinking, decision making, memory, intelligence, emotions, control over one's talk and behaviour, awareness - these are different functions of our mind. Mind is the active part of our 'self'. One cannot see or touch it but only can see and experience its functions.

Every organ in our body does a specific function, e.g. lungs for respiration, stomach and intestines to digest the food, heart to pump blood etc. Brain is the organ which carries out all the functions of the mind.



Brain is located in the skull. It weighs around 1250 gms. It is made up of millions of nerve cells, fibrous material and blood vessels. It is divided into 3 parts.

1. Lower part or Brain stem.
2. Middle part or Limbic system.
3. Upper part or Cortex.



The brain stem contains centres which control primary functions of the body like respiration, heart/pulse rate, blood pressure and consciousness. Damage to this part of the brain leads to loss of consciousness, irregular vital functions and even death. The limbic system controls the expression of our emotions, basic activities like eating, mating (sexual functioning) and sleeping. The brain cortex is responsible for higher mental functions like thinking, memory, social behaviour, language and speech, decision making, perception, cultural and spiritual value system. Different parts of the cortex control these functions — e.g. Front part (Frontal lobe) guides our thinking and social behaviour. Damage to this part or deficits in it leads to abnormal thinking and socially unacceptable behaviours like abusing others, becoming naked in front of others, making obscene jokes etc. Back part (Occipital lobe) understands what we see through our eyes. The part just above the ears (Temporal lobe) understands what we hear and smell. Thus if there is any change in the biochemical activities in these areas, we may see things which do not exist; we may hear voices from nowhere. This phenomenon is called 'Hallucination'. This is one of the important features of severe mental illness—psychosis. The part on either side of the head (parietal lobe) controls our body movements and sensations.

The left hemisphere of the cortex guides our thinking, speech, language, ability to learn technological issues, whereas the right hemisphere is re-



sponsible for spacial orientation (position of the objects in space), emotions, artistic abilities like music, dance, painting etc., and spiritual interests.

## WORKING UNIT OF BRAIN AND ITS FUNCTIONS

Thousands of bricks are necessary to build a house. Similarly our brain is made up of millions of working units called nerve cells. A nerve cell is so small that it cannot be seen by naked eyes. It has a body, hands and a tail. Each nerve cell is connected to many other cells. One can see uninterrupted, continuous activities in these cells whether the individual is wide awake or asleep, idle or working. There are two types of activities: one is chemical, another is electrical. By placing electrodes on the scalp, these electrical activities can be recorded on paper by a specially designed machine. This recording is known as 'Electro-encephalogram' (EEG). By studying EEG in health and during illness, attempts are made to understand the mode of functioning of the brain in various conditions.

There is space between the nerve cells where one nerve cell ends and another begins. This space is called 'Synapse'. The activities at the synapses have drawn the attention of neuro-scientists. When a 'message' reaches the end of a nerve cell, it stimulates the pockets of chemical substances (neuro-transmitters) and releases them into the synapse. These neuro-transmitters act like a bridge and help the message to reach the other cell. When we think,



talk, show emotions, many such neuro-transmitters are actively involved. Thus all our mental functions are related to these invisible chemical substances. As long as these neuro-transmitters are produced, released and function adequately, the brain functions (our behaviours) remain normal. If there are changes in the quality and quantity of these substances, the various mental functions get deranged. For example, decreased amount of 'Dopamine' is said to be related to depressive illness. Hyper-sensitive dopamine system is believed to be related to psychotic symptoms (see the chapter, 'Types of mental illnesses'). Such bio-chemical changes are said to be the cause of 'Psychoses'.

## DEVELOPMENT OF BRAIN

The nerve cells appear in the 3 to 4 week old foetus. Later they form a tube. The end of this tube towards the head, enlarges and grows as brain. The brain of a new born baby is sufficiently developed and that of a two year old child is almost equal to adult brain in size. Protein is very essential to this growth. Thus if expectant mother and the child are undernourished and suffer from protein deficiency, the development of brain in the child suffers leading to Mental Retardation. Therefore enough care and attention have to be paid for providing proper nutritious diet to the expectant mothers and children (cereals, fruits, vegetables, green leaves, milk, egg, fish, meat etc.)

## MIND

According to Sigmund Freud, father of modern psychology, our mind consists of two parts—the conscious mind and the unconscious mind. We are aware of the activities of the conscious mind and naturally have control over them. But we are not aware of the contents of the unconscious mind, and thus have no control over it. Mind may be compared to a pond. The upper layers of water in the pond (equivalent to conscious mind) are clear and the contents are easily visible. But if you go deep, things become unclear and one cannot see things at the bottom of the pond (unconscious part). Freud says that the unconscious mind holds all unwanted and distress producing desires, unresolved conflicts and painful experiences which are pushed from conscious mind from time to time. A censor mechanism prevents these suppressed materials from coming back to the conscious mind. These unconscious materials do influence the equilibrium and normal functioning of the mind. Often these materials try to come into the conscious mind and sometimes they may succeed. When they reappear, they would have lost their original form and sharpness, and look totally different beyond recognition. Freud believed that unexplained anxiety, depression, hysteria, irrational fear which form the features of neuroses (Minor Mental illnesses) are the result of the return or threat of return of such unconscious materials into the conscious mind. Thus a neurotic patient would not know the nature

of his ailments and he suffers without knowing why he is suffering!

Sigmund Freud has given one more explanation for the ill-health of the mind. According to him, there are certain desires which are present in the individual since birth. Hunger, thirst, sex, pleasure seeking behaviour are examples. Individual is forced to attend to these desires. But there are many restrictions—social, moral and religious norms. We have to fulfil the desires within the framework of these norms. Our 'self' (Ego) tries to strike a balance between these two strong forces and satisfy both. But many of us fail to achieve such a balance in all situations. Either we yield to the desires or suppress them. This becomes a source of stress which can lead to illness. Parents and the environment play an important role in the development of a strong ego.

## DEVELOPMENT OF MIND

The mind of the new born baby is like a blank white paper. The baby can show a few emotions like fear and anxiety and react to everything by crying. Its ability to suck milk, pass urine and stools is a reflex action. As it grows it starts learning various skills. It learns to show various emotions, self-help skills. It learns to think, remember, understand the environment, make decisions, social norms etc. To begin with, it observes its parents and other people in the family and tries to imitate them. Activities which get the appreciation of the



elders are retained and repeated. Activities which get the disapproval and punishment are not repeated. Thus the family and social environment play a crucial role in the development of mind.

A child who gets proper love, affection, encouragement and guidance from elders grows (psychologically) well. The child has to be shown how to control his desires and attend to them following the social and moral norms. Thus proper discipline is also important for the healthy growth of the mind. The child who is brought up with proper care and models, develops into a healthy and strong adult. Children who are pampered or severely punished or not cared for, run a high risk for developing mental health problems. They become dependent on others and remain generally unhappy. Development of mind (personality) continues throughout the childhood, adolescence and beyond.

## MENTAL ILLNESSES AND THEIR CAUSES

You have seen mentally ill persons near the bus stand, market place or in your neighbourhood. Sometimes you pity them as they appear to be suffering. Sometimes you are afraid of them as they look dangerous. At times you get annoyed because they become a nuisance. At other times you laugh at them as they behave in a funny way. Often you wonder why these people have become mad; what is wrong with them. People believe that the following factors are the causes of mental illness:

1. Black magic, witchcraft, evil spirits
2. God's curse
3. Past bad deeds
4. Bad luck or bad stars etc.

They advise the family members to take the patient to temples, pilgrimage centres, magicians, mantravadis, priests and conduct prayers and rituals! But in most of the cases, patients do not get cured. Then their people conclude that the fate of these patients cannot be changed and they have to suffer. Is this true?

When a person shows the following features he is said to be mentally ill:

1. abnormal changes in his thinking, emotions, perceptions, memory, intelligence, judgement and behaviour which are inappropriate to the situations;

2. these changes cause distress to the individual or to others or both;

3. these changes result in disturbances in the day to day functioning of the individual.

There are many reasons for a person to become mentally ill. Abnormal changes in the brain lead to severe types of mental illness like Schizophrenia, Mania and Depression. In most of the cases, these changes are not visible to the naked eye: there would not be any damage to the brain substance. But changes are seen in the functioning of the brain cells. These changes arise out of decrease or increase of certain chemical substances (Neuro-transmitters) which work at the nerve endings. Now there are enough evidences to say that in severe mental disorders like Schizophrenia, Mania and Depression, Dopamine Neuro-transmitter system is deranged. Genetic factors, environmental factors like the types of sensory stimulations, confusing instructions, virus are suspected to be involved in this derangement. Anyway there are effective and inexpensive drugs to set right this derangement. Thus if brought earlier for treatment, Schizophrenia, Mania and Depression are curable.

In some cases, the following factors bring



detectable changes in the brain which in turn give rise to mental illness.

**Infection:** Virus or bacteria can invade the coverings of the brain (Meningitis) or the substance of the brain (Encephalitis) and cause damage. Fever, stiffness of the neck, fits and altered state of consciousness are the symptoms of brain infection. Delay in treatment can result in mental and physical deficits like mental retardation, abnormal behaviour, epilepsy, paralysis etc.

**Injury:** Road accidents, falls, fights can lead to injury. If the injury is severe, the individual loses consciousness, vomits blood, has bleeding through ears, nose and throat, throws fits and develops memory deficits which indicate that there is brain damage. One has to consult the doctor immediately on these occasions.

**Intoxicating substance, abuse:** Alcohol (arrack, brandy, beer, rum, gin etc.), ganja, bhang, opium, morphine, pethidine and sedatives if used indiscriminately, for a long time, can cause brain damage. The individual develops different types of mental illness like 'Delirium Tremens', 'Cannabis Psychosis', 'Korsakoff's Psychosis' etc.

**Poor blood supply to the brain:** Brain cells are very sensitive and die if oxygen and glucose are not supplied for two to three minutes. In old age, there can be thickening of the blood vessels; in some people, there can be partial or complete obstruction of the flow of blood because of blood clots (Thrombosis/Embolism). Because of poor blood supply and damage to the brain, the individual

develops 'Dementia' wherein memory impairment and intellectual deterioration are seen.

**Bleeding in the brain:** Untreated or poorly treated diabetes, high blood pressure, diseases of the blood vessels and head injuries result in the bleeding inside the brain. Prolonged and difficult delivery can lead to bleeding in the brain of child. Then the brain gets damaged.

**Organ failures:** Diseased liver, heart and kidney can fail, resulting in accumulation of poisonous substances in the blood which reach the brain and cause damage.

**Poisonous substances and drugs:** People who work in factories where lead, mercury and other heavy metals can develop lead or heavy metal poisoning which causes brain damage. People who use drugs like steroids, INH, reserpine for a long time can develop mental illness.

**Tumours:** Cancer or other types of growths can be there, causing brain damage.

So far you have learnt that mental illness can be caused by abnormal changes in the brain. Now let us look at how environmental factors play their role in the causation of mental illness.

**Childhood experiences:** The child learns every thing by taking the models of parents and others. In the process, it needs love, discipline, support and guidance. But lack of or excess of these things can lead to defective development of the mind. Such children later when they get exposed to difficulties and hostile environment, may develop mental illness.

**Family environment:** A happy and healthy

family environment helps in proper development of the personality of the individual. Severe interpersonal differences between husband and wife, mother-in-law and daughter-in-law, or parents and children appear to exist in the families of individuals who suffer from mild mental disorders like Anxiety, Depression and Hysteria.

**Financial difficulties:** Sudden, unexpected financial loss, unbearable poverty can make a person lose his mental equilibrium.

**Problems in Occupational area:** Taking up a job in which one is not interested, a very critical and nagging boss, hostile colleagues and subordinates, not getting the increments and promotions which are due, difficulties in discharging the duties can make the person lose his mental health.

**Sexual Problems:** Sex is one of the primary needs of the individual. But ignorance, misconceptions, unwanted fears about masturbation and seminal loss, exaggerated expectations, pre- or extra-marital relationships, make the person feel guilty and anxious. This anxiety leads to sexual inadequacies, which in turn lead to Anxiety neurosis, Depression and Hysteria.

**Social causes:** Every individual is a part of the society he belongs to and he cannot live in isolation. Social disparities, injustice, severe competitions and rat racing, insecurity arising out of disorganization, crimes and exploitation, deteriorating religious and ethical norms and values certainly affect the mental health of the individual.

**Failures and frustrations:** Repeated failures



and frustrations, pains and problems, if they go beyond one's abilities to cope with, can cause mental illness.

In this way, there are many factors which make a person develop mental illness. One should note that one single factor does not precipitate the illness. More than one factor, sometimes a cluster of factors have to operate to make a person ill.

Whatever may be the factors that cause mental illness, now there are effective and inexpensive treatment methods like drugs, electro-convulsive therapy, psycho-therapy, behaviour therapy, occupational therapy and recreational therapy to help the individual who is ill. Earlier the treatment the better is the outcome. One has to take cognisance of the illness as early as possible and seek medical help immediately. Regular treatment under the guidance of a trained doctor or psychiatrist will help in quick recovery.

## MENTAL ILLNESSES: TYPES

People believe that all mental illnesses are one and the same; the difference between one patient and the other is related to degree of disturbance. Thus as soon as they hear the term 'Mental illness', they get a picture of a severely mentally ill person who is dirty, wearing torn clothes, excited, being dangerous to self or others. This is not correct. As there are different types of physical illnesses, there are different types of mental illnesses. Each type of mental illness has its own features and outcome. The degree of disability differs from type to type. Let us know these types.

### 1. PSYCHOSES:

These are severely incapacitating mental illnesses that affect both men and women. House to house surveys have revealed that the prevalence of psychoses is same all over the world. On the average 5 persons per 1000 population suffer from psychoses at any given point of time. Psychosis is usually identified by people as 'madness' or 'spoiled brain or mind'. The main features of psychoses are:

(i) **Loss of touch with reality:** The person loses his

ability to understand the environment and activities which take place in the surroundings. He acts according to these experiences and suffers in silence. He may hear voices from nowhere and see things which do not exist. Apparently he lives in his imaginary world and not amenable to reasoning or logical thinking. For example, he may believe that others are going to attack and kill him for no apparent reason. He may drive the wife out, believing that she is having an extra-marital affair which is not true. He may misinterpret any sound as the foot steps of his enemies who are believed to be making attempts to kill him.

**(ii) Neglect of personal hygiene and needs:** A person who used to take care of personal hygiene like bathing, wearing clean and pressed clothes, combing the hair, trimming the nails, keeping the hands clean etc., regularly at definite periodic intervals (daily or once in 2-3 days or once in a week) now becomes irregular or may stop giving any attention to these. He may refuse to clean himself even against incentives.

He neglects the comforts and safety measures to protect his body. He does not bother whether he gets wounded or disabled in a situation. He fails to avoid dangers.

**(iii) Severe disturbances in bodily functions:** Sleep, appetite, bowel-bladder movements (urination and defecation) and sexual functioning get disturbed severely in psychosis. The person may not sleep throughout night, or he may have difficulties in getting sleep or he may wake up early in



the morning. He may not relish the food. He may stop eating. He may lose interest in sex or have premature ejaculation or impotence. He may soil the clothes. He may have increased frequency of micturition. Thus all these disturbances make the person and others suffer.

**(iv) Lack of insight:** A psychotic person does not know what is happening to him. He may believe that he is normal and thus refuse to seek treatment. Whereas a neurotic has full insight into his problems and invariably on his own seeks help from medical agencies and personnel.

Psychoses are believed to be biological illnesses and there are identifiable changes either in structure of the brain or its functions. Based on this there are two types of psychoses.

**(1) Organic psychosis:** There are detectable changes in the structure of the brain. In addition to the general features of psychoses, the patients are disoriented, confused, have memory and intellectual deterioration. If not treated, they may develop permanent deficits or even die.

**(2) Functional psychosis:** There are no detectable changes in the structure of the brain. But there are changes in the bio-chemical activities at nerve cell level. Patients in spite of psychotic features are well oriented to time, place and person. They are fully conscious. Their memory and intelligence remain undamaged. The following are the examples of functional psychosis.

- a) Schizophrenia
- b) Mania

- c) Depression
- d) Reactive psychosis

## II. NEUROSES:

They are minor mental disorders affecting nearly 10% of the population. A person who is subject to any type of stress, has a risk of developing neurosis. Stress factors may be in the family (Marital disharmony, conflicts between mother-in-law and daughter-in-law, disturbed relationships between family members, broken families, drug abuse), occupational set up (hostile colleagues, nagging supervisors, problems in getting increments and promotions, transfers, lack of job satisfaction, poor working conditions etc.), financial area (ups and downs, poverty) and sexual area (extra-marital contacts, sexually transmitted diseases, misconceptions and fears about masturbation, seminal loss, normal sexual activity)

Common features of neurosis are as follows:

- i) They have inadequate control over their emotions. They easily become anxious, sad, fearful. They may be short-tempered.
- ii) They have no self-confidence. They have inferiority feelings. They tend to depend on others to take decisions.
- iii) They have doubts and dilemmas. They are inconsistent.
- iv) They have multiple and vague bodily symptoms like headache, chest pain, pain in the limbs and waist, general weakness, lethargy,

easy fatigability. They go to doctors and ask for general check up and good tonics. They frequently change the doctors and medicines as they remain unsatisfied with the care they get.

- v) They tend to blame others, the events and the environment for their ill-health. For example, a lady who has undergone tubectomy (Family planning) operation may attribute all her ailments to the operation. A worker who received an injury to the little finger may attribute his pain and weakness to that even after several months or years.
- vi) They may believe that they are having some undetectable and life threatening illness inspite of the doctor's reports and investigations being absolutely 'normal'.
- vii) They tend to draw the attention of the concerned through their symptoms and expect sympathy, support, concessions from others.
- viii) Generally they do not show socially unacceptable and harmful behaviour; they try to follow the social norms unlike psychotics.

Neuroses appear to be more common in adolescence and old age. Women are more prone to neuroses than men because of socio-cultural reasons (low status, less opportunities to communicate etc.). Common examples of neuroses are:

- i) Anxiety neurosis )
- ii) Depressive neurosis ) More common
- iii) Hysteria )



- v) Obsessive compulsive neurosis )
- ) Hypochondriasis ) Less common
- i) Phobia )

## II. MENTAL RETARDATION:

- i) when a child is having delayed milestones of development;
- i) age inappropriate behaviour like 5 year old child still not able to have bladder control, 4 year old child having baby-speech etc;
- iii) slow in learning day-to-day skills like eating, bathing, dressing;
- iv) scholastic backwardness and low I.Q. (below 70)

is said to be suffering from mental retardation which is the result of either poor development of brain or early damage to it. Thus mental retardation is a mental handicap and not an illness. It is estimated that more than 3% of the population suffer from this handicap. Mental retardation should be suspected when the child is unusually dull and withdrawn, hyperactive, depends on parents for day-to-day activities or poor in studies in the school.

## V. CHILDHOOD MENTAL DISORDERS:

Mental health problems in children are presented in a different way. They are:

- i) Being unusually dull and withdrawn;
- ii) Hyperactivity and other behavioural problems;
- iii) Continuous sleep disturbances like insomnia, sleep talking or walking, nightmares, bed wetting;
- iv) Conduct disorders like repeatedly lying, stealing, anti-social activities, violence, gang behaviour, sexual promiscuity, drug abuse, etc.;
- v) School phobia, truancy, specific learning difficulties;
- vi) Neuroses;
- vii) Psycho-somatic illnesses (diarrhoea, pain abdomen, asthma etc.);
- viii) Psychoses.

## V. PSYCHO-SOMATIC ILLNESSES:

Continued emotional stresses can bring pathological changes in one or more organs of the body resulting in certain specific illnesses which are known as psycho-somatic illnesses.

Examples are:

- a) Peptic ulcer
- b) Hypertension (High B.P.)
- c) Diabetes mellitus
- d) Asthma
- e) Arthritis (Joint pains)
- f) Dysentery
- g) Migraine headache
- h) Sexual inadequacies
- i) Disturbances in menstrual cycle and flow
- j) Obesity etc.

## SCHIZOPHRENIA A SILENT DESTROYER

Five years ago, Srinivas was a bright student. His parents and teachers were sure that he would get into a professional course. He was well behaved, active and liked by all. Today he is entirely a different person. He sits in a corner of his room and seems to be totally unaware of activities inside or outside his house. He keeps on smiling and talks to himself. He does not bother to eat, bathe or change. He is shabby and has not shaved for the last two weeks. He rarely speaks to anybody. His mother is sick as she is suffering from severe joint pains, and he is unconcerned about it. Once in a while he writes letters, but nobody can understand them. His father very sadly admits that the boy is a burden and has lost hopes of Srinivas being normal again. He recollects how Srinivas started deteriorating slowly. In the beginning, he talked less and less, became irregular in attending to his needs, would look blankly into a book, would not sleep well for no apparent reason. He failed in his exams. And later he would remain in his room the whole



day and show no interest in anything. He has been like this for the last five years.

Rajappa does not look different from others in the village. He is 35 years old and is a weaver by profession. He has a wife and three children. For the past two years he has been suspicious. He thinks that a group of people in the village are working against him. He believes that they have been practising black magic on him and they would be happy if he was crippled or dead. He wears five talisman around his neck and on his arm to keep off the evil spirits. He stays at home most of the time and refuses to step out. He worries that he may be physically assaulted. Though he works, he is not as efficient as he was two years ago. He has come to distrust his wife and accuses her of sympathising with his enemies. He does not bother about the household chores. He has disturbed sleep. He has no friends. A few weeks back he filed a complaint with the police requesting protection as he felt his life was in danger. Everybody in the village says that his suspicion and fears are totally baseless.

Laxmi is the only daughter of her parents. For the last one year, her behaviour has not been normal. She keeps saying that there are 'Delta rays' in the atmosphere, which are sent by communists to destroy her internal organs. She claims, she can feel her brain being burnt and can see smoke coming out of her eyes, ears, nose and mouth. She has discontinued her studies, but says that she is going to work as 'Professor of Bio-physical Chemistry' in an international academic institution. She adds

common salt to water before using it saying that it is an antidote for Delta rays. She has got peculiar food habits, eating all vegetables raw and boiled rice without adding curry or curds. She does not help her parents in any way and they are worried about her future.

Srinivas, Rajappa and Laxmi are suffering from a severe type of mental illness called 'Schizophrenia.' This illness unless treated is a silent destroyer. It affects the mental functions like thinking, feeling and perception. There are both qualitative and quantitative changes. Their thought process becomes deranged. They have firm but false beliefs which are not shared by others. They act according to these beliefs. They fail to show appropriate emotions in a given situation. Emotions like happiness, sadness, anger are expressed in a disorganised manner. They can have false perception, that is, they may hear voices when nobody is talking, they may see things which are not there. Thus they may be seen talking to themselves, conversing or arguing with non-existent persons. Their sleep, appetite, sexual functions are very much disturbed. Because of these changed and peculiar experiences, their behaviour becomes strange, and un-understandable. They can become a nuisance to others. Sometimes because of false beliefs or false perceptions, they consider their environment hostile and in turn may become violent. They may become harmful to themselves and others. But their memory and intelligence are not affected. Unless treated, this illness invariably runs

a chronic course making the patient invalid. He becomes a burden to himself, to his family and to society. Family members take them to temples, priests, exorcists, mantravadis, native healers who prescribe several rituals. Some of these rituals like branding, isolation, starvation, beating etc., are harmful to the patients and make their condition still worse. Once these rituals fail to improve the patient, family members give up their effort and take a philosophical attitude like 'This is our fate, bad luck, our 'Karma,' we have to suffer.' They isolate the patient in a room, feed him or throw him to the street.

House to house surveys done in several parts of the country reveal that on an average two persons in a thousand suffer from schizophrenia. Thus in Karnataka State, it is estimated that there are 80,000 schizophrenic patients. The majority of them remain untreated for various reasons. There are only two mental hospitals and eight psychiatric units in the State, which are located in big cities. Long distance, poverty, ignorance, stigma, misconceptions come in the way of modern treatment facilities reaching these unfortunate patients.

The exact cause of schizophrenia is still not understood. Genetic factors probably make the person vulnerable to this illness. But they themselves do not cause the illness. Thus the children of a schizophrenic patient need not get this illness; they may live like normal individuals. The Dopamine neuro-transmitter system in the brain appears to be hyper-sensitive in schizophrenia.



Scientists are working to identify such biological markers as there are sufficient evidences to say that schizophrenia is a biological illness like diabetes or hyper-tension.

But schizophrenia can be treated. There are half a dozen effective, inexpensive drugs like Chlorpromazine, Trifluoperazine, Haloperidol etc. Long acting injection (Fluphenazine) which has to be taken once in 2 to 4 weeks is also available. The patient has to take these drugs regularly under the guidance of a psychiatrist or any trained doctor. Earlier the treatment, the better is the outcome. The total duration of treatment depends on the duration of the illness. It may be a few months to a few years.

Thus it is always better to put the patient on treatment as early as possible. In some cases where drugs do not give the expected results, electro-convulsive therapy (ECT) is helpful. Here 90 to 110 volts of electric current is passed into the head for half a second to produce a fit in the brain. Usually ECT is given five to six times in two weeks. It is a very safe and effective method. In addition to drugs and ECT, the patient has to be encouraged to take up normal activities. He should not be left idle. He can do household chores and other simple jobs. Later every effort should be made to rehabilitate him so that he can lead an independent and useful life. Love and affection, encouragement and guidance from family members and concerned people become very essential in the management of schizophrenic patients.

In some cases, the patient may suffer a relapse.

Irregular medication, hostile environment, rejection and ill-treatment from others, or lack of meaningful activities leading to idleness are common causes of a relapse.

## MANIA: SKY IS THE LIMIT

Ganesh is a different person these days. He works as a store-keeper in a factory and is known as a responsible person. Now, since two months, he is talking excessively. Earlier he used to keep to himself, but now he goes round the factory, talks to everybody on different issues. He advises them. He declares that he is going to open a factory within three months and invites them to join his factory where they would get free quarters, vehicle and double salary! He says that he knows the Chief Minister very well and a telephone call will get him any amount of money which is required to start such a factory. He is very jovial and makes others laugh. Now-a-days he has become generous and spends a lot of money to entertain others. At home he has become a source of problem to his family members. He does not sleep till late in the midnight, puts on the radio and disturbs others. He is not satisfied with the usual food served and demands more sweets and ghee preparations. He keeps interfering with the activities of other family members and if they object to it, he loses his temper and shouts at them. He goes round the neighbourhood



assuring people that he would get the civic facilities as he knows many ministers. He says that he is very bold and intelligent and as long as he is there, there should not be any problem. People find it very amusing to talk to him and observe his behaviour. But they got scared yesterday when they saw him picking up a quarrel and beating the pettyshop owner for not attending to his needs immediately. Now they think he is mentally ill but do not know how to take him to the hospital.

Ganesh is suffering from a severe mental disorder called 'Manic Psychosis'. This is a very interesting illness in which the individual becomes unusually overactive, over talkative and develops grandiose ideas about himself and his abilities. He starts boasting about his power, wealth and his status in the society. He tries to do many things at a time, thus cannot complete any one of them. He easily gets distracted. His interests keep changing. He stops doing his work. He moves from place to place. Though initially people enjoy his talk and behaviour, soon they find him to be a nuisance. He creates problems by becoming irritable, quarrelsome, adamant and short tempered. He becomes noisy and argues with everybody. Family members find it difficult to manage him. He becomes very generous and starts giving away money and articles to one and all. In extreme cases, the patient becomes violent, dangerous to self and others. He neglects his safety and his basic needs like sleep, food. Usually the manic symptoms last for three to four months and subside by themselves. The per-

son becomes totally symptom-free and leads a normal life till the next episode. Manic Psychosis is a recurring illness, but the frequency differs from person to person. Some people get the attack once or twice a year. Some may get once in two or three years or so. In some cases patients get mania and depression alternatively. In depression, the picture is just the opposite of mania. The person is sad for trivial or no reason. He remains dull and inactive. He loses interest in every activity which he used to enjoy earlier. He has no appetite and refuses to eat. He gets up at midnight and feels miserable. He neglects his work and responsibilities. He feels guilty and blames himself. He sees no meaning in life and may like to end his life. He may try to commit suicide and may succeed in it. The depressive episode also lasts for three to four months (See next chapter).

## NEURO-TRANSMITTER

In mania, there is sufficient evidence to believe that there is hyper-secretion of 'Dopamine', a neuro-transmitter. Neuro-transmitters are amino acids which are produced in our body and are essential substances for the transmission of messages at the nerve endings at the periphery as well as in the brain. Excessive secretion of Dopamine is said to be responsible for manic symptoms. Reduction of dopamine results in depression.

## CAUSES OF MANIA :

What causes manic psychosis? Is it a heredi-

tary disorder? Various scientific studies reveal that only the proneness to develop mania or depression is transmitted from parents to the children. The manifestation of the illness depends on other environmental factors. Thus the children of a manic patient need not develop the illness. They can remain healthy throughout their life. Mania is a biological illness like diabetes and hyper-tension.

## TREATMENT

There is specific treatment for mania. Earlier the treatment, lesser are the problems. Anti-psychotic drugs like Chlorpromazine, Haloperidol are used to control the symptoms effectively. The dose of the drug has to be carefully decided by the doctor. Hospitalization may become necessary in some cases. Electro-convulsive Therapy (shock treatment) is used in selected cases where drugs fail to control the illness. The patient has to take the drugs regularly under the guidance of the doctor for four to six months only. A few things are important in the management of these patients:

- i) A manic patient tends to respond excessively to any stimulus in the surroundings. Therefore environmental stimulations have to be reduced to the minimum. People should not argue or confront the patient. They should avoid taking him to parties and functions.
- ii) Sometimes patient may neglect his basic needs like food, water, sleep and safety. Others have to take care of him till he can



manage himself.

- iii) Family members have to safeguard his interests when he becomes unusually philanthropic and kind to one and all, because of his grandiose ideas. His civil rights have to be protected with the help of a psychiatrist and a lawyer.

## PROPHYLACTIC TREATMENT

If a patient is getting frequent attacks of mania (one or more in a year) and if he is a reliable person to take drugs regularly, he can be put on 'Lithium Salt'. Lithium is a prophylactic drug which is capable of preventing the future attacks or at least reduce the severity of the attacks. The patient who is on lithium, has to come to the hospital for periodic assessment of lithium level in the blood. One has to take lithium for many years or probably life long.

## DEPRESSION: SILENT SUFFERING

Lalitha, a 35 year old lady, has consulted four doctors in the last 4 months for her ailments and has taken different types of medicines. But she continues to be not well. She has the following symptoms: heaviness of head, worm crawling sensation on the scalp, pulling sensation in the neck and both upper limbs, easy fatigability, late insomnia (gets up at 2-00 a.m. and remains wide awake till the sunrise), poor appetite, total lack of interest in sex, crying spells, death wish and often talks about ending her life. Her illness has become a puzzle to her family members. Doctors say that there is no physical illness as all the investigatory reports are normal and have suggested to them that she might be worrying about something, they should find the problem and solve it so that she can recover. But there is no such problem. Everybody in the family loves and respects her. There are no financial constraints. She has everything that she wants. She says this to all. Nobody knows why Lalitha is sad. Some guess that this could be due to blackmagic or evil spirit or past life's bad deeds. Special pujas were performed, rituals observed,

and offerings were made in many temples. Counter magic was done by 'Mantravadis'. But there was no change in her condition.

\* \* \*

Rangaswamy aged about 50 years has become dull and withdrawn. He was an active person and used to enjoy every work he did. But since 2 months, he sits at one place always brooding. Often he becomes irritable and shouts at his wife and children for no apparent reason. He has neglected his personal hygiene. His wife has to force him to take bath, change clothes and eat. He claims that he is a sinner and deserves severe punishment, but does not tell what sin he has committed. He believes that others talk bad of him. He hears accusing and abusing male and female voices. He does not sleep throughout night. He often prays God to bring him death as early as possible.

\* \* \*

Chitra, a 25 year old unmarried young lady, was brought to the emergency section of 'Hospital for Heart Diseases'. She was having chest pain which started suddenly while working in the office. Examination and ECG revealed that she did not have any problem with the heart. In addition to the chest pain she complained of lack of interest in work, weakness, inability to concentrate, poor memory and difficulty to get sleep. When she was asked about her family and job satisfaction, she started crying and couldn't control her emotions.



She accepted that she gets pain and discomfort in the chest whenever she is upset. Later she was examined by the psychiatrist who collected the following information.

Chitra is the eldest daughter in the family of 5 children. Her father died three years ago of ischaemic heart disease at the age of 45. Chitra used to dream about getting married to a rich, handsome boy and live a happy life. But her dreams got shattered when she had to accept a job of typist cum receptionist in a small company as she had to support her family. Now-a-days her mother's health is deteriorating. Though her two sisters are doing well in the school, the two brothers have become irregular to school and have joined the group of mischievous boys in the locality. Her boss is very strict and often finds mistakes in her work and scolds her in front of others. She has no friends with whom she can share these problems. Often she sits alone and weeps. She does not know how she can come out of this situation. Two days back she came to know that the boy who was supposed to marry her (maternal uncle's son) was found to be having an affair with his colleague.

\* \* \*

Lalitha, Rangaswamy and Chitra are suffering from 'Depression'. It is said that Depression is the most common mental illness seen in any community, constituting 60% of the total mental morbidity. The characteristic features of depression are :

- i) Multiple, vague, ill-defined bodily aches and pains without any detectable physical cause;
- ii) Feeling of sadness, crying spells;
- iii) Lack of interest in almost all activities (essential as well as the ones of choice);
- iv) Self-blaming, inferiority, guilt, hopelessness, helplessness and worthlessness;
- v) Decreased appetite, sleep and sexual functioning;
- vi) Death wish, suicidal ideas and attempts.

There are two types of depressions:

**1. Endogenous Depression:** Without or with trivial stress factors in the environment, the person becomes severely depressed. He avoids people, feels better when he is alone. He may have severe guilt feelings and a strong belief that he is a sinner. Sometimes he may become restless and get agitated. This depression usually lasts for 3 to 6 months and subsides by itself. It may recur after sometime (For example, Lalitha & Rangaswamy). In endogenous depression, dopamine and serotonin level in the brain appear to be lowered. It is one of the common causes of successful suicides.

**2. Neurotic depression:** It is the result of stress and strain either in the environment or in the personal life of the individual. The person feels helpless and desires to be supported. He feels better in the company of family, friends and well-wishers. He goes

to doctors often, claiming that his health is not alright and wants medicines and tonics. This sick role sometimes helps him to get sympathy, support and concessions from others. If his coping skills continue to be inadequate to face the problems and difficult situations, he will continue to show the maladaptive behaviour, remaining 'sick' over a long time. Thus neurotic depression can be short lived (acute) or long lasting (chronic) - Ex. Chitra.

### TREATMENT:

- 1) Anti-depressant drugs like Imipramine, Amitriptyline, Doxepin are useful in treating depression (50 mg. to 150 mg. of the drug per day). It is important to remember that these drugs take 10 to 14 days to act. Thus one sees improvement in the condition of the patient after 2 weeks of taking the drugs. Doctor may prescribe a hypnotic drug (to induce sleep) in the beginning. There may be some side effects like dryness of the mouth, constipation and blurring of vision which are temporary in nature. Fluids, leafy vegetables, banana help to reduce these side effects. Medication has to be continued for 3 to 6 months under the supervision of the doctor.
- 2) Electro-convulsive therapy: In severe endogenous depression with high suicidal risk, electro-convulsive therapy is beneficial. A total of 5 to 10 ECTs are given (once a day/alternate day). It is safe and effective.



- 3) **Psycho-therapy and social therapy:** The stress factors are identified, analysed and the patient is educated regarding how to cope with them with the help of family members and concerned others. He is supported. Necessary changes in the environment help him. Regular healthy recreational and creative activities like reading, writing, music, gardening, painting, walking and other physical exercises help the individual to maintain his mental equilibrium.

## MANIC DEPRESSIVE PSYCHOSIS (M.D.P.)

M.D.P. is one of the severe types of mental illness wherein the illness bothers the patients periodically. In between the episodes, patient remains normal and functions like others.

During manic episode, patient talks too much. He is either too happy or too angry without reason. He talks as if that he is a rich and big man although he is not. He is restless and overactive. Sleep and appetite are disturbed. At times he may become violent.

During depressive episode, the picture is entirely different. He is dull, feels sad and depressed with trivial or no reasons. He blames himself and entertains suicidal ideas. He may even try to end his life. He lacks interest in everything and neglects his basic needs like food, clothing and hygiene. His sleep is disturbed.

Manic and depressive episodes usually come alternatively. Some patients may get only depressive episodes. Others only manic episodes. There is a period of absolute normality in between the episodes.

## Who gets this illness ?

M.D.P. usually comes at the age of 30 and above. It is more common in women than men.

## Is it hereditary ?

To some extent it is hereditary. Compared to children of normal and healthy parents, children of parents who suffer from M.D.P. are at high risk of getting this illness. But there is no rule that all the children of parents with M.D.P. should get the illness.

## What is the cause ?

M.D.P. appears to be the result of some biochemical changes in some of the nerve cells in the brain. But the cause of this bio-chemical change is not very clear.

M.D.P. is not caused by black magic or evil spirits. It does not spread from one person to another.

## Does physical illness cause M.D.P ?

No. But it can precipitate the illness if the person is already prone to develop this illness because of hereditary factors.

Some times severe emotional upsets can also precipitate M.D.P. in such individuals.

## What is the treatment ?

Drugs are the main mode of treatment. Patient



has to consult the psychiatrist or a doctor who is trained to treat mentally ill. The following drugs are commonly used.

In Mania: Major Tranquillizers (chlorpromazine, Haloperidol).

In Depression: Anti-depressant drugs (Imipramine, Amitriptyline etc.)

**Electro-Convulsive therapy** (Shock treatment) is the treatment of choice in severe depression. Thus this treatment is given depending on the severity of the illness and in the presence of severe suicidal risk.

If the patient is getting manic and depressive episodes frequently, then the drug of choice is **Lithium**. Lithium salt not only controls the present episode but also is capable of either preventing the future episodes or reducing the severity of them. Lithium unlike other drugs needs extra care and vigil. The dose has to be adjusted according to its level in the blood. Most of the patients do well when the blood level is in between 0.7 mEq. and 1.2 mEq. So in the beginning, blood examination should be done once a week and dosage should be fixed. Blood is collected 12 hours after the last dose. Therefore, it is very necessary for the patient to co-operate with the doctor by taking drugs at scheduled times and getting the blood level monitored, at regular intervals. Once the dose is adjusted, blood level can be assessed once in a month or two.

### **Side effects of the drugs:**

Patient may have some unwanted, trouble-

some side effects with the drugs. But they are temporary and last for a short time. Therefore, for this reason, drugs should not be stopped or reduced without consulting the doctor.

### **Side effects with major tranquillizer drugs are:**

Giddiness, drowsiness, lowering of blood pressure, stiffness of the limbs, shaking of the hands, excess saliva, unsteady walk, pulling of the limbs and neck to one side etc..

To overcome these side effects, another drug (pacitane or phenergan) is given.

### **Side effects with anti-depressant drugs are:**

Dryness of the mouth, blurring of the vision, constipation.

### **Side effects with Lithium salt are:**

Nausea, fine tremors (shaking) of the hands, thirst, increased passing of urine.

If the level of Lithium in the blood exceeds 1.5 mEq. it is dangerous. The symptoms which indicate this danger are vomiting, diarrhoea, severe tremors of the hands, drowsiness, loss of consciousness. If such symptoms are noticed, doctor should be consulted immediately.

### **How long drugs are to be taken ?**

If the patient is on major tranquillizers or anti

depressant drugs, they should be taken as long as doctor advises (at least for 6 months).

If the patient is on Lithium, with an aim of preventing further episodes, drug should be taken for a number of years or even life long.

**Is there any danger in taking drugs for a long time ?**

By and large, there is no danger provided enough precautions are taken to avoid over-dosage and patient is in touch with the doctor at periodic intervals (once in a month or two) regularly.

**IS HOSPITALIZATION NECESSARY ?**

Hospitalization is not necessary in all cases. It becomes necessary only in severe depression with high suicidal intention and in severe mania when patient is violent and unmanageable.

**Any restrictions (do's and don'ts) regarding diet, and activities during the illness or treatment ?**

Usually no restrictions. He can eat and participate in any activity like any other healthy person. Sometimes the symptoms of the illness and side effects of the drugs may come in his way. Only in case of Lithium, patient should not reduce the intake of common salt. If he sweats too much, he should take water with common salt added.

Patients who are severely ill, tend to neglect



the bodily needs and may die out of starvation, thirst and physical illnesses. Family members should attend to these requirements with the help of health personnel. They also should be careful and watch for suicidal attempt in a depressed patient. Patient should not be left alone even for a short period.

**Can a person with M.D.P. marry and have children?**

Definitely yes, provided the person is on regular treatment and symptoms are controlled. He or she should marry a person who hails from a healthy family. In any case, he or she should not marry a person of a family having a mentally ill person.

**How long they live?**

Persons with M.D.P. live as long as any other normal person would live. But untreated persons may die either by committing suicide or by physical injuries or illnesses.

## ANXIETY NEUROSIS

Rajendra met his family doctor and said, 'Doctor, I do not know what is happening to me these days. I study hard. I go to bed only at midnight. I read for 5 to 6 hours a day. But I cannot remember anything. My memory has become very poor. I got 55% marks in the class test when I was expecting 90%. What would be my future if I get such a low grade in the coming examination. I am unable to concentrate. I get headache, burning sensation in the chest and stomach, pain in the right arm almost everyday. I do not have appetite. I have become short-tempered and I shout at my family members and friends after which I feel shy to talk to them again. Please examine me in detail and prescribe good medicines, sir. If you do not help me, I would not like to survive and face failure.' He looked worried and helpless. On examination, doctor could not find any illness or deficits but he had all the features of anxiety neurosis.

'Sir, this is an emergency. You must help me immediately; if you cannot, I have no other course left but to end my life' said Anand Murthy. 'Sit down, be comfortable. Relax and slowly tell me

about your problem. After knowing the nature of your problem, appropriate treatment can be arranged. Stop worrying and start telling the problem', doctor reassured him.

'Sir, I have become impotent. My parents are arranging for my marriage. They have already selected a girl who is good looking and hails from a respectable family. I would be lucky to get married to her. But how can I marry her when I am impotent. If I refuse to marry her and if people ask me to give reasons, what can I tell them? What would be my future? I have come to you believing that you will save me and give me a new life. Please help me, sir.'

'How do you know that you have become impotent? Did you have any extra-marital contacts?'

'You must pardon me, sir. One week ago I went to a prostitute for the first time in my life. I did not want to go there sir. But my friend told me that it was only the way to test my potency. I was in the habit of masturbating for four years. I used to do it almost daily. I lost quite an amount of semen all these years through this bad habit. Semen is very vital for our bodily health, is it not sir? They say that one drop of semen is equal to 40 drops of blood. O, God, how much blood I have lost! My friends say that masturbation and seminal loss lead to impotency. Is it true sir? Now-a-days I do not get proper erection of my sexual organ. I feel very weak. Therefore I went to this prostitute to check my power. I was afraid that I may be caught by police. That woman was good looking and I had



the desire to have sex. But I could not get the erection. I tried my best but failed. She laughed at me and said that I was impotent and not fit to be called a man. It was a shock to me sir. I wanted to commit suicide but I did not have the courage to do so. No one can imagine the amount of distress and pain I have suffered during these days. Tell me, sir, whether I will be able to get back my sexual power; whether I will be able to satisfy my wife if I get married.'

On examination, his genital organs were found to be normal and healthy. He was suffering from Psychogenic Impotency as a result of underlying anxiety neurosis.

\* \* \*

All of us experience anxiety in strange situations, new places, while facing examinations, when our work is observed and scrutinised by supervisors, when we do not know the outcome of our efforts, when we have to take new responsibilities, when we have to take important decisions etc. The features of anxiety are as follows:

Psychological:

- a) apprehension, vague fear that something unusual or a disaster would take place;
- b) lack of attention, poor concentration;
- c) impaired memory;
- d) inability to make proper decision;
- e) irritability, short temper;
- f) inability to think smoothly;
- g) illusions.

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## Physical:

- a) increased heart beats, palpitations, missed heart beats;
- b) breathing difficulties, constriction in the chest;
- c) lack of appetite, indigestion, nausea, vomiting, belching, flatulence, diarrhoea;
- d) increased frequency of urination , urgency;
- e) tremors of the hands and other parts of the body, joint pains, weakness in the limbs, inability to stand or walk;
- f) increased perspiration, blurring of vision, hot flushes in the skin;
- g) sleep disturbances – initial or total insomnia, sleep talking or walking, nightmares, bed wetting;
- h) sexual inadequacies like premature ejaculation, partial or total impotence, painful sexual intercourse, lack of sexual desire and lack of sexual satisfaction;
- i) general weakness, easy fatigability.

When the level of anxiety is within normal limits, we cope with the symptoms. In a short period we reconcile, we gather our resources and try to solve or minimise the problems which are the source of anxiety.

But when we cannot cope with these stress factors, the level of anxiety mounts up. The signs and symptoms of anxiety become severe enough to cause distress to the individual. We start suffering. We will not be able to discharge our duties as

efficiently as before. We become less efficient. We do not feel alright and we feel sick. Then it is said that the anxiety has become pathological and the state is called as 'Anxiety neurosis'.

A large number of people, young and old, male and female irrespective of their class or creed, suffer from Anxiety neurosis. Next to Depressive Neurosis, this is the most common minor mental disorder in any community. Children and adolescents, old people, people who live singly, persons who hold responsible positions, and migrants are more prone to develop anxiety neurosis. People who have chronic illnesses or life threatening illnesses like Heart diseases, Asthma, Diabetes, Hyper-tension, Cancer, Tuberculosis, Leprosy, Epilepsy have features of anxiety neurosis along with other symptoms of the respective disease. Anxiety neurosis in these individuals can aggravate their suffering and disability.

## CAUSES OF ANXIETY NEUROSIS

More than one factor is said to play a role in the causation. They are:

- i) Defective Limbic system in the brain;
- ii) Genetic factors;
- iii) Inadequate and wrong child upbringing practices of parents;
- iv) Traumatic experiences in childhood;
- v) Hostile environment;
- vi) Unresolved conflicts, suppressed desires which are there in the unconscious mind;



vii) Defective learning process and coping skills.

## TREATMENT

Different treatment methods are employed to treat anxiety neurosis. They are:

- 1) Drugs: Anxiolytic drugs like 'Diazepam', 'Chlordiazepoxide', 'Nitrazepam', 'Lorazepam' are prescribed to control the symptoms of anxiety. Propranolol is good in controlling the signs of anxiety. These drugs have to be used under medical guidance. Drugs should be stopped as early as possible. Otherwise there can be a risk of drug dependence.
- 2) Psycho-therapy: A detailed interview of the patient is done over several sessions to understand the different stress factors. Patient is allowed to express his suppressed emotions. The relationship between these stress factors and his symptoms is explained. He is encouraged to gather his resources to remove or cope with the stress factors.
- 3) Family therapy: Family members are involved in analysing the problems as well as solving them. They are encouraged to give emotional and other types of support to the patient. Establishing a good inter-personal relationship among the family members help the patient in the long run to maintain the mental equilibrium.
- 4) Relaxation therapy: By training the body and

mind to relax, one can have a control over anxiety. Relaxation exercises, bio-feed-back techniques, Yogasana, Pranayama, Meditation, Literature, Music, Dance, Artistic and creative activities, spiritual practices are used in relaxation therapy.

## ANXIETY NEUROSIS IN CHILDREN AND ADOLESCENTS

Anxiety neurosis manifests in different ways in children and adolescents. They are:

1. Excessive crying;
2. Not taking feeds properly;
3. Regurgitation of milk, vomiting, diarrhoea;
4. Sleep disturbances, nightmares and night terrors; Sleep walking and talking;
5. Bed wetting and loss of bladder control;
6. Excessive thumb sucking and nail biting;
7. Playing with genitals;
8. Irrational fears;
9. Speech disturbances like stammering, stuttering, baby speech etc.;
10. Conduct disorders like stealing, disobedience, violence, criminal behaviours, anti-social activities, sexual promiscuity;
11. Drug abuse: Consuming alcohol and other intoxicating drugs;
12. Scholastic backwardness, school refusal, truancy;
13. Psycho-somatic symptoms like headache, pain abdomen etc.;

14. Pscho-somatic illnesses like dysentery, asthma, obesity.

The causes of anxiety are usually present in the family. Many times problems among the parents get presented as anxiety neurosis in the child! Parental counselling and family therapy help these children and adolescents.

## PSYCHO-SOMATIC ILLNESSES

Untreated anxiety neurosis, if it lasts for a long time (say, for months and years) can lead to psycho-somatic illnesses like Peptic ulcers, Hypertension, Diabetes, Asthma, Joint pains, obesity etc. Thus prompt control of anxiety neurosis and prevention of this type of neurosis are important and essential.



## HYSTERIA: A CRY FOR HELP

Radha is 20 years old and her parents are doing their best to arrange for her marriage. Last week they were happy as they found a bridegroom of their choice. But since then they have become confused and do not know what to do. Radha often falls to the ground. Her eyes remain open. She keeps laughing till her eyes are filled with tears. She takes deep breaths and refuses to talk. This lasts for five to ten minutes. She asks for a cup of water which she drinks and takes some time to recover. She says that to begin with she gets a choking sensation as though somebody presses her neck and a heavy sensation in the head. Later she does not know what happens to her. Her grandmother thinks that these attacks are due to an evil spirit and urges her parents to take her to a mantravadi. But her aunt says that this is only due to some fear and bad stars; if she is taken to a Navagraha Temple, she will become alright. She warns others that nobody should talk about evil spirits because who would marry a girl who is haunted by an evil spirit? Radha is continuing to

have these attacks every day. She often tells her mother that she is not interested in this marriage and wants to take up a career. But her mother has warned her that she has to accept this proposal to maintain the prestige of the family.

Gowri, the wife of Shivappa the weaver is believed to be haunted by the spirit of her mother for the past two years. Every new moon day or full moon day, she gets possessed by the spirit. She starts swaying her body, spreads her hair and makes peculiar noises. She declares that she is Neelamma, mother of Gowri and she is worried about Gowri's well-being. She blames her son-in-law for ill-treating Gowri. She warns him that unless he mends himself, she will pull out his tongue and make him vomit blood. The body of Gowri makes rocking movements and a few minutes later falls to the ground. The family members make a request to the spirit that it should not haunt poor Gowri and they will see to it that she is not ill-treated by Shivappa. They sprinkle water on her face. When she recovers she does not remember anything and complains of severe exhaustion. Many mantravadis are consulted who come and try to drive away the spirit in vain. Shivappa does not bother about this. He is happy with his mistress. He wonders why Gowri should be unhappy when she has costly jewels, sarrees and enough money to spend. He sees nothing wrong in having a mistress when he can afford it!

Aravind, a ten-year old boy is bedridden. For

the past few weeks he has been unable to use his right arm and left leg. His mother feeds him, lifts him to the bathroom and gives him a bath. Everybody is worried about his health. The family doctor told them that this was not a case of paralysis but of nervous weakness only and he needed rest. There appears to be no improvement. Some of the neighbours and relatives suspect that this could be due to black magic done by some enemies. They brought one healer who dug up the ground in the backyard and pulled out a mud pot containing bones and lemons. Even after the destruction of these materials, Aravind did not recover. His father wanted his son to get a good education and had recently secured him a seat in an English school paying a large amount of money. But Aravind is going to miss the examination and will be retained in the same class. Aravind was not interested in joining this school and he was unhappy as he missed all his friends who were studying in a Kannada medium school.

\* \* \*

Shivanahalli is a small village. People have to walk four kilometres to reach the main road to get a bus. Except two families the remaining fifty families live in poverty. This village does not have a school. Many of the inhabitants of the village believe that they have become the victims of witchcraft. Many of them suffer from weakness, breathing difficulties, joint pains, skin lesions etc. They attribute these ailments to witchcraft. A few



women and children have attacks of abnormal behaviour. They suddenly start screaming, remove their clothes, run in the street, utter obscene words. They go to the tank, take a dip in the water and lie down on the ground. They get up and complain of fear. The villagers conduct elaborate rituals every six months and offer animal sacrifices to the village deity with a hope that the ill-effects of witchcraft will be reduced.

It is interesting to note that Radha, Gowri, Aravind and people of Shivanahalli are suffering from Hysteria, a type of mild mental disorder. All of them are crying for help.

Many of us use spoken or written language to communicate our needs, feelings, experiences and opinions with the hope that others will take notice of them and respond to them appropriately. Often we may not be able to communicate because i) our feelings and experiences are beyond the limits of the language we know or use, ii) we are shy or afraid to communicate, iii) we do not want to communicate and do not expect others to help us. Though we communicate our needs, the concerned persons may not respond to them. They may neglect us. They may punish us. If this happens, we suffer in silence. We try to suppress our emotions and outwardly try to put up a bold face. This cannot go on for a long time. We know that we are going to face failure.

Then our unconscious mind comes to our rescue. The unconscious mind is a hidden vast

portion of our mind and is able to keep the unwanted and anxiety provoking experiences, desires and other issues away from our conscious mind. Sometimes it converts these issues into a physical symptom or mental symptom and finds a way for their expression. Through this conversion two specific advantages are gained. One is that our mind is relieved from anxiety. The second is that when an individual is sick or manifests certain strange behaviour, he can draw the attention of others and get sympathy, support and concessions. This process of an anxiety provoking issue getting converted into a symptom or an illness or into strange behaviour is called "Hysterical Neurosis". When a person manifests these symptoms or behaviour, he is disabled. But he is not aware of this conversion and fails to understand the relationship between the causative factors and the symptoms. He also believes that either he is sick or has become the victim of some super-natural elements, which according to the beliefs prevalent among the people in the socio-cultural setup, exist.

An individual while living with a group of people observes the behaviour of normal people, sick and special types of people. He is taught and shown the various cultural and religious practices. When his unconscious mind wants to pick up a symptom or behaviour to communicate, it has a wide range to choose from. Thus Radha when she failed to convince her parents that she did not like to get married to the boy they chose, developed an abnormal behaviour which others believed to be

due to an evil spirit. She knew that with such abnormal behaviour, her marriage would get postponed or even cancelled for the time being! Gowri used the culturally sanctioned, socially acceptable possession phenomenon to draw the attention of others to her husband's extra-marital affair. Aravind protested against his father admitting him to a school which he did not like. He took up a physical symptom of paralysis which he might have seen somewhere. The women and children in Shivanahalli, made themselves believe that they were the victims of witchcraft and so got more attention and sympathy from their own people. It was a cry for help from all these people regarding their helpless and miserable lives.

It is observed that hysteria is more commonly seen in women and children in a society where they are suppressed and ill-treated. Better education, better opportunities to express their needs and better working and living conditions decrease the incidence of hysteria. Thus such hysteria is less common in advanced countries when compared to under-developed countries like ours.

When a person suffers from hysterical neurosis, he needs proper treatment. Efforts have to be made to find out the stress factors and to help the individual to cope with them. By talking to the patient, by understanding his family and social environment, one can identify his difficulties and problems. The patient, his family members and friends are to be informed about the relationship between the causative factors and the symptoms,



so that they can take an active part in finding a solution. Once this is done, hysterical neurosis disappears. Thus whenever a case of hysteria is seen, one has to understand that this person is in need of help. All concerned people should attend to it. The family physician or general practitioner or any doctor can help to make a diagnosis of hysteria. When the patient takes up culturally believed and accepted concepts like witchcraft and possession, everybody should take him to the hospital and get medical help.

Everyone of us should improve our ability to communicate our feelings. We should allow and encourage others, specially the weaker sections of the society. This will help to prevent hysteria.

## SEXUAL ACTIVITIES AND MENTAL HEALTH

One of the inherent qualities of living beings is reproduction for which provision for necessary sexual drive and activity exists in every living being. Through the media of culture, the human society has evolved a pattern of norms of sexual behaviour in order to harmonise the sexual activities with other equally important aspects of living. At the same time, not only does the 'sex' tend to be projected as a 'secret' and 'unbecoming act', but it has also tended to accumulate many misconceptions and taboos. These misconceptions and taboos inevitably contribute to personal and inter-personal problems. This is especially so in the case of adolescents who more or less suddenly become awakened to their developing sexual qualities. They may get into problems and develop neuroses or similar maladies.

Many sexual disorders are found to be of psycho-social origin. In the large majority of patients presenting only with 'sexual problems', on deeper enquiry it will be found that the so called 'sexual

problems' is an external indicator or manifestation of a larger psycho-social problem. In such instances, the underlying problems will have to be adequately dealt with. In some cases, of course, simple ignorance when removed by educative counselling and advice alleviates the symptoms and helps the patient to develop healthy attitude towards sex. In other words, mere sex-education and sex-counselling often 'works' in majority of such problems. Following are the commonest sexual problems seen in our community.

### **Sexual Neurosis arising out of fear of 'masturbation and/or loss of semen'.**

Many youngsters consult their doctors with symptoms like weakness, listlessness, inability to concentrate, poor memory, becoming thin, vague aches and pains in one part of or all over the body, fear, sadness, lack of interest, sleep disturbance etc., and request for a good tonic. On examination, doctors find them physically normal. If an inquisitive doctor asks these individuals what is bothering them, they may hesitatingly tell that they are in the habit of masturbating, or they have nocturnal emissions and they are losing semen. They attribute all their symptoms to this and request for some powerful medicine either to stop the act of masturbation or to restore the 'damage' done by the 'loss of semen'. There is a belief among people that masturbation is bad for health and loss of semen leads to loss of potency. After indulging in



masturbation, they develop a guilt feeling and also a fear that they may become impotent. Any natural change in their health due to other psycho-social or environmental causes makes them erroneously attribute it to masturbation. Often they do not feel like consulting the doctor and 'expose' their 'weakness'. They fall prey to self-styled 'sex healers' who thrive by exploiting and perpetuating the ignorance and get cheated.

Many do not know that nocturnal emission is a natural phenomenon and is harmless. Masturbation by itself need not have any deleterious effect at all either on the body or on the mind. Masturbation can however, cause a problem indirectly, when the individual burdened with misconceptions, excessively worries over it as the cause of his symptoms (which are due to some other causes) and suffers because of the excessive worry. Masturbation can also be an expression of some other deep seated problem like excessive boredom, nagging doubt in one's own sexual potency etc.

Though by themselves, masturbation, 'loss of semen' etc. are harmless, the associated fear and guilt cause damage not only because of worrying about them, but also due to leaving the real psycho-social causes of the presenting symptoms unattended. Example: Harish, an adolescent boy of slightly below average academic potential, appearing for 2nd PUC, in the circumstances of very high and strict expectations of his parents from him to score high marks develops bodily symptoms and features of depression like, weakness all over

the body, fatigability, lack of interest, forgetfulness, poor concentration, etc. But, he does not know them to be related to his fear of the possible outcome and consequences of the forthcoming examination; nor does he identify them to be features of depression. Incidentally, he would have been masturbating, feeling guilty about it, and fearing terrible consequences. He then 'conveniently' (not consciously or deliberately) connects his symptoms and masturbation and believes them to be related, because of lay literature he has read or baseless advice he has received.

## IMPOTENCE:

Inability of the male to have normal sexual intercourse is called impotence. Due to lack of sustained erection of penis, it fails to enter the vagina. This can be due to many reasons, of which a few are physical, and most are psychological in nature. The physical causes are diabetes, hypothyroidism, severe anaemia, drugs like barbiturates (sleeping tablets), opium, and alcohol, ageing etc. However, emotional factors are the cause in majority of individuals, especially in young men.

The sexual act is a complicated chain of reactions mediated by hormonal and neuronal activity, which are not under voluntary control. The desire and availability of a partner starts this chain of reactions which end in orgasm. And, even desire is dependent on a whole lot of internal (psychological) and external (that influence the internal) fac-

tors. It is not possible to have and to sustain the erection of penis if the person is anxious. Failure to have full erection leads to further anxiety and it becomes a vicious circle. And, of course, anxiety is a phenomenon that is psycho-socially determined though mediated neuro-physiologically. This anxiety can basically be related to fear, hatred, lack of self-confidence, either imaginary or real.

**Example:** An unmarried individual who thinks erroneously that he may be impotent because of masturbation or loss of semen may try to test his potency before getting married through a pre-marital affair. During such an affair he is painfully aware that he is doing an act which is against social norms. He may also have the fear of contacting venereal disease. At the same time he will be anxious about the outcome of his performance. In such stressful and anxious setting, naturally he may fail to have erection which only contribute to erroneous confirmation of his doubts. He breaks down and develops either depressive neurosis, hysterical neurosis or even psychosis. But his original erroneous doubt would have been due to some other psycho-social problems.

Inability to have sexual intercourse during the honeymoon period, makes the young couple dejected and frustrated. The bridegroom starts suspecting his potency and may attribute the failure to his previous masturbation or night emissions. Here the failure is most often due to ignorance, over-expectation and earlier anxiety due to some other, psycho-socially determined cause or causes.



Impotence which occurs only in specific situations, only with specific partners is again emotional in nature. Since anxiety causes impotence which in turn causes more anxiety, the following steps of management are used to treat this problem.

- i) First by breaking the vicious cycle of anxiety-impotence-anxiety by advising the person not to attempt sexual intercourse till he is able to control his anxiety.
- ii) Then the husband and wife are allowed to attempt sexual intercourse in graduated, step by step stages:
  - (a) Initial attempts must be directed only at maintaining erection for a long period **without attempting to perform intercourse.**
  - (b) In the next phase, when husband and wife have succeeded in earlier steps and feel confident, full sexual intercourse is attempted.
- iii) The couple must maintain a regular follow up with the doctor, who monitors the progress.

### **Premature ejaculation:**

In this condition, man reaches orgasm and ejaculates before he wishes to do so. His unhappiness relates to his having ejaculated earlier and lost his erection before his sexual partner has reached orgasm. Many times the anxiety arising out of this further worsens the situation. Therefore in treating this condition, the same guidelines described above

are adopted. If the amount of vaginal friction is reduced either by using condoms or limiting the thrusts of the penis premature ejaculation can be stopped.

### **Frigidity:**

It is a term used to describe a wide range of sexual inadequacies among women from painful intercourse to total lack of desire to have sex. In majority of the cases the cause is psychogenic. Ignorance and misconceptions about sex, fear of pregnancy, direct or indirect hatred towards the sexual partner, previous traumatic sexual experiences etc., cause frigidity. Education, relieving the anxiety, and co-operation from the partner help to treat frigidity, using and adopting the same guidelines described earlier with required modifications.

### **Homosexuality:**

The act of having sexual relationship with an individual of the same sex is called homosexuality. This relationship may range from kissing and fondling to sexual intercourse. Society considers it to be abnormal. If a person is suffering, or creating problems to others because of this act, he needs treatment, through behaviour therapy by specialists.

### **Sexual perversions:**

Sexual acts performed in a way other than

the socially accepted way and with unusual partners are considered to be abnormal. These individuals need psychiatric treatment by specialists.

### **Mental health aspects of contraception:**

Reproduction is one of the important and basic functions of a living being as mentioned earlier. Naturally any attempt to control or stop this function can generate quite an amount of apprehension in an individual. Many religious groups have opposed family planning methods for diverse reasons. Often there may be side effects and complications (both organic and psychogenic) with these methods. Thus the individual gets into a conflict between the age old beliefs and the advantages of a limited family. If a family planning method is forced on individuals without preparing them well beforehand to accept it, it can lead to disastrous consequences.

It is a common experience of many doctors that several individuals after undergoing family planning operations, reporting with a wide range of symptoms starting from vague aches and pains to impotence. They may blame the doctors, the method, the system, and become chronic patients.

Sexual symptoms are the most commonly reported complaints following vasectomy. It is estimated that in our country, on an average 10% men report various degrees of sexual inadequacies like poor erection, decrease in sexual frequency etc. The psychological symptoms reported are



irritability, depression, nervousness, lack of concentration, vague aches and pains, discomfort, inability to do hard work etc. Similarly, a large number of women are reported to develop menstrual, sexual and psychological symptoms following tubectomy operation.

As a sequel of induced abortion, it is observed that majority of women develop symptoms of guilt, regret, depression and anxiety.

Thus in general 20-30% of subjects complain of various kinds of physical, sexual and psychological symptoms after contraceptive methods. These symptoms may arise out of (i) neurotic personality, (ii) a form of social protest, when decisions are taken not by the individual but by others, (iii) the family planning method becoming very easily available to blame for a lot of other problems that had already been there 'boiling to come out to surface'.

With oral pills, it is estimated that 8 to 30% of women report psychological symptoms like nausea, giddiness, vomiting, general malaise, burning sensation, headache, insomnia, decreased sexual desire etc., as a result of the effect of the pills (more pharmacological than psycho-social).

Proper sex education, removal of the misconceptions, moral and emotional support, good motivation, more effective and smoother methods, prompt and timely attention to any side effects, regular follow up, encouragements and reassurances will assist the guidelines already described in reducing the prevalence and severity of the

symptoms. A good doctor-individual relationship goes a long way in this regard.

## SEX EDUCATION

### Purpose of sex education:

The purpose of sex education is to assist people to conduct their sexual activities successfully. It covers the prevention and treatment of sexual difficulties.

### Is it necessary ?

It is very much necessary. Sex, like hunger and thirst, affects everybody. It is a part and parcel of one's life and one of the major factors which determine and direct one's behaviour and destiny. Correct knowledge and right attitude towards sex are very essential. Otherwise the individual becomes the victim of many spurious, and unscientific misconceptions which may cause harm to himself and to others. Sex education, appropriately provided in an appropriate way, at appropriate time helps the individual to acquire sexual health.

### What is sexual health ?

Sexual health is

- 1) a capacity to enjoy and control sexual and reproductive behaviour in accordance with social and personal ethics;
- 2) freedom from fear, shame, guilt, false beliefs

and other psychological factors inhibiting sexual response and impairing sexual relationship;

- 3) freedom from organic disorders, diseases and deficiencies that interfere with sexual and reproductive functions.

Sexually healthy person is one

- 1) who is correct and certain about his or her gender identity;
- 2) who enjoys the gender role that has been programmed by his or her surrounding culture;
- 3) who is free to enjoy his or her genitality with an increased sense of responsibility not only in its use but also towards assuring the positive effects of such enjoyment for the self, the partner and the society;

Therefore **Sex Education programme** should include all the above elements emphasising what is required in a given situation. It takes into account the specific problems encountered in each area.

**Sex education: At what age?**

No definite answer is available. W.B. Pomeroy (President of the Society for Scientific Study of Sex, U.S.A.) says, "The child's sex education begins soon after birth ....."

Advocates of sex education in the earliest school years stress that sex can be removed from



the arena of mystery and misinformation, by giving sex education to the child as early as possible. They warn that absence of such education is associated with adult sexual disfunctions.

### Who should teach?

Who should teach the child about sex? Parents? Teachers? Doctors? Elders? Sexual experts? Who .....

One who teaches sex to others should have the following qualities.

**1) Right attitude:** Success of sex education depends on teacher's own attitude towards sex. His own embarrassment, discomfort and inhibitions can become major obstacles.

**2) Knowledge:** Subject of human sexuality is not simple. It is not just male and female coming together. It is much more vast, much more sensitive and complex. It includes,

- i) Sexual development – both biological and psychological
- ii) the reproductive process
- iii) the variety of sexual expression
- iv) sexual disfunction and disease
- v) cultural aspects of sex – what is sexually right and wrong, what is sexually permitted and forbidden in a given culture.
- vi) marriage, pregnancy, parental responsibilities and family.

**3) Skill:** Knowledge alone does not make one a

good teacher. He should have the skills to teach others.

4) **Values:** He should be aware of moral, aesthetic and religious sensibilities of people.

### **Role of parents:**

Whether they are aware of it or not, parents are the first teachers to the child in everything including sex. Their sexual attitudes and self image get imprinted on the child's mind and determine its sexual attitude and self image. When the child develops interest in its body, the answers should be given to its questions unemotionally and calmly in as simple a way as possible. Child should be taught that sex is normal, desirable and not some dirty or evil activity.

### **What should be taught?**

- 5-9 years : Basic anatomy and reproductive information using animal models. Specific sex roles.
- 10-12 years : Puberty – various secondary sexual characters, menstruation, nocturnal emissions, masturbation.
- 13-15 years : Review of reproductive process, personality, venereal diseases.
- 16-18 years : Marriage, parenthood, family planning, contraceptions, abortions, homosexuality, pornography, moral and ethical issues related to sexual behaviour.

## Conclusion:

Education on sex is neither a curriculum, a course or a series of lectures, nor can it be found in books or films alone. At present sex education within such institutional setting as the school and university should form an inherent part of a life long experimental continuum in which many people who meet the child have roles to play. Truthful information about human sexual behaviour must be conveyed to all growing children and young people when they themselves desire it, but the manner and attitudes with which it is conveyed remain the most important factors of all.



## MENTAL HEALTH PROBLEMS IN WOMEN

Saroja is 35 years old and now-a-days does not feel alright. She cannot work as hard as she was doing earlier and gets tired in no time. She has no interest to go out, talk to her neighbours or decorate the house which she used to enjoy. She accepts that she has become irritable and scolds her children unnecessarily. She feels bad when children cry because of her harsh treatment. She curses herself and says that she would receive severe punishment from God. She consulted her family physician and also the gynaecologist in a nearby hospital. She underwent routine investigations and all the reports were normal. Doctors prescribed her some vitamin tablets and tonics which did not help her. Now often she talks about her ill-health and says that it is better to die than to live like this. Her husband who is employed in a bank and satisfied with his earnings, does not know why she should be suffering when everything appears to be alright. Last week, he was alarmed to see thirty tablets of sleeping pills under the pillow cover and was shocked to find out that Saro

was planning to end her life by swallowing these tablets. His family physician advised him to take her to a psychiatrist. Psychiatrist on examination found Saroja suffering from 'Endogenous Depression' and put her on Anti-depressant drugs. In two weeks, she started improving and in six weeks she was as active as before. Drugs were continued for some more time.

\*            \*            \*

Rohini is suffering from headache from three years. She gets this headache almost every week. Sometimes pain is there on both sides of the head. Sometimes it is restricted to back of the head and neck. She takes painkilling tablets which help her sometimes and do not help at other times. She has to lie down. She becomes short tempered during this period. She also complains of weakness and insomnia. She is a school teacher and has no problems in the work situation. She has consulted a couple of doctors who have prescribed her analgesics and tranquillizers. Three days back, she fell 'unconscious' and was rushed to the hospital. Doctors found out that she had swallowed twenty tablets of Diazepam. She was referred to the psychiatrist. On enquiry, it was found out that she was very unhappy because her husband was having an affair with a young widow and was in the habit of taking alcohol almost every day. She declared "Doctor, tell me, why I should live. I cannot tolerate the immoral behaviour of my husband. I have tried my best to change him but he never listens to me. He says, 'I will do whatever I want to do. If you want to live with me, stay here or get lost'. I am helpless. Nobody

is there to support me. Let me die." She wept. She is also suffering from depression which is of a reactive nature.

Depression is the most common mental disorder seen in women of 30 to 50 years age group. The common features of depression are

- 1) Feeling of sadness, weeping spells;
- 2) Decreased or total lack of interest in all the activities which the person used to enjoy earlier;
- 3) Feelings of hopelessness, helplessness. Person may blame oneself and have a feeling of guilt;
- 4) Decreased appetite, disturbed sleep, decreased or no interest in sex and suffering from constipation;
- 5) Death wish, suicidal ideas and attempts;
- 6) Multiple aches, weakness and easy fatigability.

Depression can be of two types. (See chapter on Depression.)

**A) Endogenous Depression:** There may or may not be any environmental stress which can account for depression. It comes from within and is said to be due to decreased level of dopamine or serotonin in the brain. To a certain extent genetic factors play their role and the illness may affect more than one member in the family. The person is usually dull, withdrawn, prefers to be alone. She maintains the same depressive mood irrespective of the environ-



ment and can have severe guilt feelings. She gets up in the midnight and feels miserable. If she tries to commit suicide, she selects violent or severe methods like hanging, setting fire to her body, drinking acid etc. Endogenous depression is an episodic illness and each episode usually lasts for 3 to 6 months. In between the episodes, she would be totally normal. Anti-depressant drugs like Imipramine and Electro-convulsive therapy (Shock treatment) are specific treatment methods. It is noteworthy to remember that endogenous depression is more common when the woman has reached her menopausal age. This has to be recognised and treated appropriately with drugs and counselling.

**B) Reactive or Neurotic Depression:** There are understandable stress and strain in the environment which make the person ill. Severe inter-personal problems between husband and wife or mother-in-law and daughter-in-law or between the siblings at home, alcohol abuse among male members of the family, failures and frustrations of different kinds, severe problems in the occupational area, inadequacies and incompetence in sex, financial upsets, severe or long-drawn poverty, dowry, having more female children are some of the common types of stress seen in women who are depressed in our set-up. Woman with reactive depression feels better when she is in the company of people whom she likes. She has only initial insomnia and then sleeps well. Most of the time she approaches the doctor with bodily symptoms and seeks medical help. Counselling or psycho-

therapy is more effective than drugs. The doctor should enquire into the nature of stress factors and organise emotional support to the patient. Family members should understand the difficulties faced by the patient. They should co-operate and make things more comfortable to her by becoming less critical and demanding.

### **Pre-menstrual Tension:**

Woman may suffer from headache, low back ache, apprehension, sadness, irritability, poor appetite and sleep in days around menstrual flow. Her suffering increases when the husband and other family members do not understand her difficulties and make unusual demands. Woman needs more emotional support and encouragement during this period. Premenstrual tension in many cases appears to be psychological in nature. It is said to be a learnt behaviour. She would have seen her mother and other women suffering and exhibit the same reaction. She may need minor tranquillizers which should be taken under the supervision of the family physician.

### **Puerperal Psychosis:**

Ganga delivered a baby-boy two weeks ago and everybody was happy. Though the delivery was difficult and the doctor had to apply forceps to remove the baby, both the mother and the child were apparently alright. But on the tenth day Ganga started behaving abnormally. She started telling

that somebody might kidnap her child. She started holding the baby all the time and never allowed others to touch it. She would not sleep throughout night and looked to be fearful. She ate less, neglected her personal hygiene. Yesterday she ran out of her house to chase an imaginary person. She weeps at times and says that she may lose her child. Family members are finding it very difficult to convince her that no such bad things are going to happen. On the advice of the doctor, a psychiatrist was requested to have a look at her. On examination it was found that she was suffering from Puerperal psychosis, a severe type of mental disorder. She had paranoid delusions and was not in touch with reality. She was put on major tranquillizers. It took a couple of days for her symptoms to come down.

Puerperal psychosis is more common in

- i) Primies (women who become pregnant for the first time);
- ii) Women who are severely unhappy because of different psycho-social reasons (Marital disharmony being the commonest);
- iii) Women with unwanted pregnancy;
- iv) Women who desperately want a male baby but keep giving birth to female babies;
- v) Women who have medical complications during labour;
- vi) Women who have strong family history of psychosis;
- vii) Women who are in the habit of taking intoxicating drugs like alcohol indiscriminately.



Puerperal psychosis usually appears in the second week after delivery and lasts for a few days or weeks. It gets aggravated if there are physical complications like infection, severe anaemia, post partum haemorrhage etc. Major tranquillizers, good nursing care, emotional support from family members help in fast recovery. It need not recur in the following pregnancies. In our rural areas, people have a wrong notion that puerperal psychosis occurs due to 'evil eyes' of others, evil spirits or black magic or the lady not following certain food-restrictions. Therefore the patient is not taken to the hospital and is subjected to many unscientific and harmful treatment rituals. This has to be prevented. Concerned people should be educated and told to get medical help as early as possible.

### **Hysteria:**

"Doctor uncle, please come immediately. My mother has fallen sick suddenly. Father told me to get you there immediately". Ramu was panting as he came running all the way from his house.

Dr. Ravi who was reading a magazine, asked him "What is wrong with your mother Ramu? Is she very serious?"

"Yes uncle, she is lying on the bed and is unable to speak. If we ask anything, she simply weeps. Her lips tremble but no voice comes out. Please, come and make her alright" Ramu pleaded.

When Dr. Ravi reached that house all the family members and some neighbours had gath-

ered around Laxmi. Each one was giving some suggestion to her husband and eldest daughter. When they saw the doctor, they gave him the way. Ramu's father Srinivas described that Laxmi who was combing her hair suddenly complained that there was itching and pain in the throat. She lied down on the bed and stopped talking. There was no fever, cough. No other symptoms. She was totally normal till 6-30 p.m. Dr. Ravi examined her throat and found no signs of infection or inflammation. There were no neurological deficits. On suggestion she coughed and produced voice. Dr. Ravi made a diagnosis of 'Hysterical Aphonia'. This means that something is bothering her and she is trying to communicate or protest by becoming ill. Dr. Ravi told her that she would start talking immediately after receiving an injection. With such strong suggestion, he gave her 1 ml. of B complex intramuscularly (as a placebo). He assured her that she would be symptom free. Laxmi smiled and wrote on a piece of paper that she was feeling better. A few minutes later she started talking and thanked the doctor for his timely help. She explained that she suddenly felt some catching sensation in the throat and could not talk. Dr. Ravi knew that she was facing some severe stress which was the cause for her hysterical neurosis. He sent everybody out including her husband, and asked her to tell him the nature of the problem. She hesitated and said there was nothing, but started crying. Ravi allowed her to cry and to ventilate her emotional distress. Then she told him sobbing that

her husband was angry about not getting financial assistance from her father and had asked her not to go to her parents place. He wanted Rs. 5,000/- from her father but in reality her father was not in a position to give that much money. There was heated argument and Laxmi was helpless. She could not convince him that her father could not pay him so much. Then her subconscious mind came to her rescue and produced hysterical symptom. It helped her to get sympathy from her husband who was very hostile to her.

\* \* \*

There is a commotion in the village. Everybody is talking about the village chief's wife who is said to have become the victim of an evil spirit. It is reported that the spirit has declared its identity. Neeli, the washerwoman who committed suicide by drowning herself in the pond one month ago, has possessed the chief's wife Girija. People gathered in front of the chief's house. Girija, aged about 36 years is sitting on the platform, with her hair spread on her back. She has smeared turmeric powder on her face and hands. Seeing the crowd, she got up and started swaying her body. In a strange loud voice she laughed and declared that she was Neeli; she had come to disclose the injustice done by the chief to his own wife. She said that the chief would give lion's share of his property to his mistress and her sons. He was going to neglect Girija as she did not give birth to a son. She threatened that unless the chief would reverse his deci-



sion, she would not keep quiet and she might even suck his blood. People got scared and called the head priest of Veerabhadra temple who came and did rituals. He applied the sacred ash on the forehead of Girija and warned the spirit to go away before God would take its mischief seriously. There was a verbal war between the spirit and the priest and finally the priest won. Girija fell unconscious. The priest declared that the spirit had gone for good and advised the chief to look after Girija with love and affection.

The whole village discussed the injustice that would be done by him if he would give major share to his mistress's sons. Some of the elders advised him not to do so for which he agreed. After two to three such episodes Girija became alright.

Hysterical neurosis is more common among women in our culture, because they have no voice to protest. They do not have equal opportunities to express their views and opinions. They get exploited by others in many ways. Few people listen to their distress. Thus unexpressed desire, frustrations, conflicts and anger in some women find expression through a symptom. This conversion is a sub-conscious process. By taking a sick role or a victim's role, the woman's underlying anxiety is relieved. At the same time, she gets sympathy, support, benefits from the same people who have neglected her. Since the whole process is subconscious, her conscious mind does not know how and why she has developed the symptoms. Hysteria manifests in different ways. It can mimic any

physical or psychological ailment. Close observation and examination helps the doctor to differentiate it from known illness. Strong suggestion, change of place, enquiry into the problem and support from the concerned help in removal of a hysterical symptom.

### **Anxiety Neurosis:**

Women who have to take many responsibilities at home, working women who face uphill task to cope with responsibilities both in the work situation and in the house can develop anxiety neurosis. Women with anxiety neurosis have the following features: vague fear, uneasiness, weakness, indigestion, palpitation, breathing difficulties, poor concentration and memory, disturbed sleep etc. Healthy hobbies like reading, music, creative work, sports, sharing the distress and responsibilities with family members or friends, spiritual activities, yoga, meditation help in reducing the anxiety.

Other known mental disorders like schizophrenia, mania, organic psychoses, obsessive neurosis can be seen in women of this age group.

A woman between the age group of 30 to 50 years is prone to develop mental health problems as she is in the reproductive phase (pregnancy, child birth, lactation) and also has to undergo the changes of menopause. This biological stress is supplemented with innumerable psycho-social stresses which are specific to our society where

only lip sympathy is given to her. She is subjected to different types of exploitation and gets minimum or no support to safeguard her interests and rights. It is well known that in rural areas, compared to men, women work harder and take more responsibilities in the family and occupational areas. She needs support in this endeavour.

A physically and mentally healthy woman is the pillar of a healthy and a happy family. Promotion of mental health of the woman ensures proper and total development of the children. Immediate attention and suitable solutions to the day to day problems of women should be our motto. Unconditional love and affection, due respect and status to our women give us and the society good dividends.



## MARITAL PROBLEMS

"Doctor, I am sick of this headache. I have been suffering from it for the last 2 years. Almost every day, it is there from morning till evening. The whole of my head aches, but pain is more in the back and sides," Kusum said.

"If I lie down and take rest, it becomes less. But I am alone at home. Children are very young. If I lie down, who would do the household chores? I swallow a tablet of aspirin or apply pain balm and keep working.

"I have consulted many doctors and specialists. None of them could identify the cause of my headache. The eye doctor prescribed me glasses, which increased my headache. An ENT specialist did nasal puncture twice, with no relief. I have taken vitamin tablets and injections."

"Generally, how do you feel? Are you happy or unhappy?" Dr. Kiran asked her after completing the physical examination.

Kusum's eyes were suddenly filled with tears. Her lips trembled. "Who is happy in this world, doctor? I am not happy."

"Why? You may be wondering why I am

asking all these questions. An unhappy mind may give rise to ill-health. So please talk about the things which are bothering you."

"The problem is with my husband, doctor. We got married 4 years ago. It was an arranged marriage. He is good, does not have any bad habit. But he is very selfish, and dominating. He takes all the decisions without consulting me. He treats me like a servant.

"He always finds fault with my work and the things I purchase. According to him, women are dull-headed and unfit to be independent. I protest and quarrel with him. But he never accepts that I am also capable of managing family matters..."

\* \* \*

Ramesh has developed dependence on alcohol and is afflicted with Korsakoff's psychosis. He cannot remember things which have happened even a few hours earlier. He behaves in an abnormal way and talks irrelevantly even when he is not under the influence of alcohol. He does not eat and sleep properly.

Dr. Kiran asked Ramesh's brother:

"At what age did Ramesh start drinking? Since when has he been drinking daily?"

"He started drinking during his college days. He used to drink once in a way, at parties only. But after marriage, he started drinking more and more."

"Why do you think that after marriage he started drinking heavily?"

"He did not get along well with his wife. She is spendthrift. She never bothers about household chores and spends her time going here and there. All of us tried our best to change her, but in vain. Ramesh took this very seriously and felt helpless.

"He tried to forget his worries by drinking. Last year, his wife went to her parents' house and refused to come back. And then Ramesh started drinking daily and heavily."

\* \* \*

"Vivek, I know you are a very good boy. You used to get second or third rank. But this time you have failed in the examination. Your parents are worried. What is the problem? If you tell me the reason, we shall do everything to find a solution."

"No, uncle, I don't have any problem," said Vivek.

"You are intelligent. Why did you do poorly this time?"

"I am unable to concentrate, uncle. I am worried about my father and mother."

"What is wrong with them?"

"I don't know, uncle, you should talk to them. They quarrel for silly things. They don't see eye to eye on many issues. They have not talked to each other for the last 3 months. I don't feel like staying in my house."

\* \* \*

These are a few examples of the ill-effects of marital disharmony which appears to be widely prevalent in our society.



## Marriage

Marriage is a universal concept in which man and woman willingly decide to live together with the social sanction (by religious or legal rituals) to fulfill their bio-psycho-social needs. Marriage is the fore-runner of the basic institution - Family.

The functions of the family are :

1. Marital functions ;
2. Nurturing the off-spring;
3. Developing and maintaining intimate relationships;
4. Establishing proper communication among one another;
5. Emancipation of children;
6. Recuperation (regaining health and strength)

Marriage through family helps to meet the individual and social needs.

## Individual needs

Abraham Maslow has arranged individual needs in the following order of priorities:

- 1) Basic physiological needs, like hunger, thirst and sex.
- 2) Security: the need to be protected.
- 3) Love and affection: to love and to be loved.
- 4) Self-esteem: recognition, status at home, group and society.
- 5) Self-actualisation: the highest level of satisfaction and joy.

## Social needs

The social needs which are met by marriage are:

- 1) Man-woman unit becomes self-sufficient.
- 2) Models for child-rearing.
- 3) Maintenance of social norms by well-defined sex-linked roles.
- 4) Well-being and progress of society.

In our culture, as in many others, there are traditional roles for men and women. Man is expected to be strong, go out and earn the bread. He has to be the leader of the family. The woman is expected to take care of children, cook food and serve the leader.

Both husband and wife may earn; the wife may earn more than the husband or enjoy better status. The husband being a weak person or having some handicaps, the wife may be the leader of the family. There may be more than one earning member as in extended families.

These factors may contribute to marital problems.

Ideally, the roles should remain flexible and complementary, and not very rigid and competitive.

## Personality

Every person differs from others in attitudes, beliefs and actions. Like one's signature, one

personality is unique.

Personality is defined as the habitual configuration of behaviour of a person, reflecting his physical and mental activities, attitudes and interests and corresponding to the sum total of his adjustments to life.

Personality develops over a period of time, during childhood and adolescence.

The basic drives of the person (Id), the social and ethical norms (Super Ego) and the inner self (Ego) are moulded by the immediate environment (family) and people (parents and others). In a healthy person, a strong Ego is developed, which strikes a balance between the needs of Id and of Super Ego.

In a marriage, 2 persons with different personalities come together to form a family unit. The duo becomes a trio with the arrival of the child.

Incompatibility between personalities and faulty interactions results in faulty relationships, leading to marital problems.

### Causes of Marital Problems

Incompatibility between the husband and wife, leading to marital problems, arises out of many factors. In most cases, more than one factor operates. The common factors are given below.

**Emotional factors:** Incompatible personality factors, high and unfulfilled expectations and forced interactions may result in emotional disturbances among the couple. They may have (a) lack



of love and affection towards each other, (b) feelings of hostility and hatred and (c) suppressed or overt anger.

**Economic factors:** Over 50% of our people live below the poverty line. Long-drawn poverty and financial constraints have the capacity to disturb harmony. The husband, wife and children compete with one another for the available meagre resources.

In families with sufficient or excess resources, disputes and disagreements arise regarding their use. There can be power struggle between the husband and wife over money matters. This may lead to marital problems.

**Habit-oriented factors:** The unhealthy and harmful personal habits of either the husband or the wife may lead to marital problems.

(a) **Alcohol and drug abuse:** The consumption of alcohol and other intoxicating drugs, like ganja, opium and sedatives, is increasing. These drain away the family's financial resources and bring in both physical and mental illnesses. Under the influence of the intoxicating drug, the person behaves abnormally and ill-treats others.

(b) **Gambling and other vices:** Unhealthy recreational activities, like gambling and late-night parties, can disturb the relationship.

(c) **Working habits:** Some of the couples who suffer from marital disharmony report that the working habits of the spouse have contributed to the problem significantly. If both the husband and wife are working, this problem gets accentuated.

The couple may not have sufficient time to interact, communicate with each other and know each other's requirements, and this might lead to misunderstanding and frustrations.

**Religious factors:** Each religion has its own rituals and customs. If the husband or the wife has different levels of interests and beliefs in following these rituals, (like one being a rationalist), there can be strong differences. In inter-religious, inter-state or inter-national marriages, initially a spouse tries to accommodate the other, but later they may fail in it, leading to disharmony.

**Sexual factors:** Sex, being the basic drive, becomes a binding force in marital life. Good knowledge of and right attitude to sex, bring in immense satisfaction and happiness. Ignorance, misconceptions, unrealistic expectations and perverted sexual practices make sex a source of distress.

Common sexual problems which are prevalent among the couples who live in disharmony are:

- 1) Decreased sexual interest;
- 2) No harmony regarding the mode and frequency of the sexual act;
- 3) Fear and guilt over masturbation and semen loss;
- 4) Fear and guilt over either pre-or extra-marital contacts;
- 5) Premature ejaculation;
- 6) Partial or total impotency;
- 7) Painful coitus;

- 8) Fear of pregnancy and child-birth;
- 9) Unusual or perverted sexual desires and practices (like homosexuality);
- 10) Fear of sexually transmitted diseases.

Both men and women, in our society, hesitate to consult the doctors for these sexual problems and suffer silently.

**Social factors:** (a) If the husband and wife belong to two different social classes, they may find it difficult to adjust themselves to each other's life-style and needs.

(b) Strong opinions regarding observation of traditional or modern values and social norms can lead to disharmony.

(c) The husband and wife may choose his or her own types of social contacts and activities and disapprove the other's.

**Defects and diseases:** (a) Physical defects and handicaps, like partial blindness, deafness and paralysis.

(b) Illnesses, like leprosy, cancer, skin diseases, sexually transmitted diseases.

(c) Primary or secondary mental retardation, dementia, etc.

(d) Mental illnesses, like depression, anxiety neurosis, hysterical neurosis, schizophrenia, and mania.

Because of the above deficits or diseases, the person may not be able to discharge his duties and specific functions. He or she becomes a burden on the other.



**Familial factors:** Other family members and concerned persons, like in-laws, siblings and closer relatives, may directly or indirectly cause marital problems.

## Effects of Marital Disharmony

**1) Health problems:** The husband or the wife may develop health problems, like frequent infections, aches and pains, general weakness, psychosomatic illnesses (peptic ulcer, high blood pressure, asthma, joint pains, migraine headache, allergic reaction, etc), depression, anxiety neurosis and seek medical advice often.

**2) Drug abuse:** Either the husband or the wife may start consuming alcohol, sedatives and other intoxicating drugs, pain-killers and become habituated or even dependent on them.

**3) Increased accidents:** They become more prone to accidents at home, at work situations or on the roads.

**4) Suicide/homicide:** They may attempt to commit suicide or homicide and may succeed in it.

**5) Criminal or anti-social behaviour:** They may indulge in thefts, robbery, sexual promiscuity and crimes, like prostitution, rape, adultery, violence and destructive behaviour.

**6) Increased legal consultations:** They may frequently ask for legal opinion and move the courts often for legal purposes.

**7) Broken homes:** Desertion, separation or divorce are often seen.

**8) Problem children:** The child may develop

certain problems, like scholastic backwardness, truancy, thumb-sucking, bed-wetting, delinquent behaviour, phobia, speech difficulties, sleep and appetite disturbances.

## Management

Every problem, including marital disharmony, has a solution. When the husband or the wife knows that there is no harmony between them, as a first step they should accept it. Once they accept the problem, the usual tendency is to blame each other. Each one thinks he (she) is right and that the other person has to change. This increases the gap between them and the situation worsens.

Therefore, they should realise that both of them are responsible for the problem. Instead of accusing each other, they should try to understand when and where things went wrong.

The origin of the problem – and other aspects as to how each one, concerned others and the environment contributed to the growth of the problem – should be looked into. Instead of feeling guilty and worried about the mistakes, they should try to bring about necessary changes.

The husband and wife should sit down, discuss threadbare the issues involved with an open mind, and establish a good communication pattern.

They have to do introspection and know their abilities and limitations. They have to understand their personality and accept the deficits as well as

certain obligations to each other.

If they think they are suffering from a personality disorder, they should not hesitate to consult a psychiatrist or a clinical psychologist. By constant and consistent effort, it is possible to bring about the necessary changes in their personalities.

### Problem life-styles

If they find that their life-styles themselves are contributing to the worsening of the problem, they must consult others and make changes in the life-styles.

It is natural to all of us to expect a lot from our family members and close friends. If others do not come up to that level, we get upset. This happens quite often between the husband and wife.

It is desirable to keep the expectations as low as possible so that one can reduce or even avoid frustrations. One should decide, "Let me give my best to my spouse. Let him (her) do his (her) best."

Any situation or activity in which the husband and wife have to work together, will lead to better interaction and co-ordination. Recreation and hobbies bring entertainment, opportunities to demonstrate creativity and to increase self-esteem in the participating individuals.

Therefore, the couple should choose and develop certain hobbies and activities, depending on their interests and resources like music, literature, painting, gardening, indoor or outdoor games,



walking, week-end picnics, etc.

They should find out the factors which help reduce tension and avoid situations and activities which worsen the problem.

Occasionally remaining away from each other for some time may defuse the tension and give sufficient time for analysing the problem. When they unite, they may ignore the past differences.

## MENTAL RETARDATION AND ITS MANAGEMENT

We are not alike. We differ in our height, weight, colour and also in our abilities. Some are very intelligent and reach higher status. Some are less intelligent and may not be able to lead an independent life. Their mental abilities like thinking, learning, intelligence, memory etc., are stunted, making them dependent on others. Such people with lesser mental abilities are said to be mentally retarded. Majority of people have I.Q. (intelligence quotient) between 85 and 110. If a person has an I.Q. 70 and below, he is considered to be mentally retarded. In our country at any given point of time and place, 3% of the population suffer from mental retardation. Thus they form a major group among handicapped people. But mentally retarded individuals are being neglected and are made to suffer.

### CAUSES OF MENTAL RETARDATION:

Poor development of the brain or damage to brain leads to mental retardation. The common causes of poor development or damage to the brain are:

## 1) Genetic and chromosomal abnormalities

Any abnormality in the genes or chromosomes in the cells of growing child in the womb, can lead to poor development of brain. Marriage among close-blood relatives, women getting pregnant after the age of 35, exposure to X-rays and radiation during first three months of pregnancy may increase the risk of genetic or chromosomal abnormalities.

## 2) Causes during pregnancy

A healthy mother gives birth to a healthy baby. A sick mother may give birth to a mentally retarded baby. Any viral infection of the mother (Measles, Mumps, viral fever etc.), untreated diabetes, syphilis, undernourishment, unnecessary taking of medicines, heavy smoking, drinking alcohol or consuming intoxicating drugs, unsuccessful attempts to have abortion may have bad effect on the brain of the growing child.

## 3) Causes during delivery

Any delay or difficulty in delivery due to a number of causes can result in damage to the child's brain.

## 4) Causes during first two years of life

Undernourishment (Protein is very essential for the growth of brain), untreated fits, infections of the brain, head injury, dull and placid atmo-



sphere where there are no stimulations to the child can also give rise to mental retardation.

### 5) Physical handicaps

A child which is partially blind or deaf or totally blind, deaf, mute or having speech difficulties, specific reading and writing difficulties can become retarded if it does not get proper help for the disability.

One should note that many of these causes are preventable by regular medical consultation and help.

## HOW TO IDENTIFY MENTAL RETARDATION

How to know that a given child is normal or mentally retarded? What are the early features? Early identification of this handicap is essential in the successful management of mental retardation. Suspect mental retardation in the child, if it shows the following features:

- 1) Unusual physical features like small or very big head, small and slanted eyes, low set ears, big tongue, dribbling saliva, short neck, short and stout limbs, flat foot, weak and rigid limbs, defective sensory organs like cataract in the eyes, deafness, etc.
- 2) Unusually dull and withdrawn child: Parents notice that their child remains in the same posture for hours together. It does not

show any response to all types of stimuli. It does not bother to take food or play. Sometimes child may be irritable and cries always. The cry is feeble. Later it may not avoid common dangers like fire, vehicle.

- 3) Delayed milestones: A normal child's growth is steady and progressive. A healthy child gets head control at 3 months, is able to sit at 6 months, stands at 9 months, walks with support at the age of one year, talks a few words at 1  $\frac{1}{2}$  years. In mental retardation, all these milestones are delayed. Child will not be able to hold its neck even at the age of 6 months. It may not sit even at the age of one year.
- 4) Slow or inability to learn day to day skills: Mentally retarded child remains dependent on the parents to eat, bathe, dress and look after its needs; the child appears to have difficulties in learning these skills by itself.
- 5) Specific learning difficulties and scholastic backwardness: Child may lag behind in learning nursery rhymes, alphabets, numbers, rules and regulations or common games. Child may not learn anything or may learn very slowly in the school. It gets very less marks and keeps on failing.

Contact your family doctor or doctor in the nearby hospital and consult him. He will examine the child and tell you whether the child is normal or retarded.

## ARE THERE DRUGS TO CURE MENTAL RETARDATION ?

No. At present there are no drugs which can cure mental retardation. Tonics, injections, tablets won't help these children.

## THEN WHAT IS THE TREATMENT ? DO THESE CHILDREN IMPROVE ?

Yes. They do improve with proper and well planned training and encouragement. They can be made to learn different skills, but they do it slowly. Identify them earlier and start training earlier. It is easy to identify them with their physical features or slow development.

## HOME TRAINING OF THE MENTALLY RETARDED CHILD

### 1) Stimulation to brain development:

As a first step in home training, the poorly developed brain of the child should be stimulated. This can be done by stimulating the five senses.

**Eyes:** Put the cradle near the window. Let the child see the sunlight, greenery, blue sky, moving people. Let the mother wear clothes with bright colours. Tie colourful balloons, toys, ribbons to the cradle. Make the immediate environment attractive.

**Ears:** Talk to the child. Tune the radio and let the child listen the sound of music. Place the child near or in the kitchen. It hears various sounds and



gradually starts recognising them. Describe the meaning to them.

**Skin:** Take the child in your lap. Stroke its bare body. Place the child over smooth cloth, rough cloth, blanket. The various types of sensations reach brain and stimulate it.

**Nose:** Flowers, scent, powder, snow, smell of foods do stimulate the brain.

Once the child is exposed to all such stimuli, the child should be trained to associate these experiences with the environment. For example, after seeing the picture of a horse, the child is shown a live horse and it should recognise it. After listening to the barking of a dog, when the child sees it, it should know that barking was done by the dog. The parents and other family members should spend enough time to make the child learn these associations and understand the environment.

## 2) To achieve control over the limbs and achieve coordinated movements:

If the child is unable to hold the neck or move the limbs or to have coordinated movements, the child remains disabled. By stimulating the muscles and nerves, this can be improved. Parents should do massage of the limbs and neck everyday using ordinary coconut oil. Regular exercise to the body, alternate movements at each joint should be done everyday. Once the muscles become strong, the child should be made to sit with support, later without support; then to stand and walk. By hold-

ing the hand of the child, it should be helped to stand and walk. The push cart is very helpful. Mother and father stand near the opposite ends of a bench, make the child reach them alternatively, holding the edge of the bench.

3) To make the child become independent in daily activities like eating, dressing, bathing etc.

**Eating:** You sit with the child. Initially keep biscuits on a plate. Take one biscuit in your hand and ask the child to do so. Help the child in holding it using fingers. Then bring your biscuit into your mouth. Make the child to mimic your act. Then bite a piece and chew slowly. The child should follow it. Encourage the child when it completes these steps. Once the child does this, take semi-solid food and using a spoon, train the child to feed itself.

**Dressing:** Undressing is easier than dressing. Put simple clothes which do not have buttons and which are not tight. Show the child to wear them and remove them. Later show the use of zip and then how to unbutton. Once the child learns this, get bright coloured clothes with pictures on them. Tell him that they belong to him, to identify each and get them. Show him how to wear them and encourage him to do so. Clothes without buttons but with zip and which are bigger in size are better.

**Bathing:** Take him to the bath-room. You clean your teeth, apply soap to your body, rub and

show him how you do it. Let him do it following your example.

#### **4) Toilet training:**

If there are other children at home, while they pass urine in the toilet, show it to the retarded child. Put a few pieces of colour paper on the toilet. Let one child flush them with the stream of urine. Now ask the retarded child to do it. Every two or three hours repeat it. The child enjoys this and every time it runs to toilet room to have this game!

#### **5) Speech:**

Make different sounds and ask the child to repeat them. Next, say alphabets. Later, words. Have many toys, dolls, name them. Tell the child to repeat those names.

In this way, the child can be taught all the skills. Patient and consistent efforts, converting these tasks into some sort of games, giving incentives and rewards are essential components of the training. By earnest efforts, the child can be improved with some training.

#### **6) Vocational training and Rehabilitation:**

As the child grows and becomes independent in day to day activities, it should be given training in doing simple jobs (gardening, carpentry, binding, basket making etc.). Child should get appreciation and incentives when it learns the skills and does work. Habilitation has to be planned so that



child can earn its livelihood and be a useful member of the family.

### **PARENTS SELF-HELP GROUPS:**

Parents of 6 to 8 children can join together to start a Self-help group in a locality. They can meet at one common place to discuss the management of their children. They can support, encourage each other. Periodically, they can call a doctor or a mental health professional for guidance.

## MENTAL HEALTH PROBLEMS OF CHILDREN AND ADOLESCENTS

Compared to adults, children and adolescents face different types of stress and strain which are specific to their age. They exhibit their psychological problems in different forms. Epidemiological studies have revealed that at any given point of time, about 10% of the children suffer from various symptoms which can be attributed to mental disorders. The following are the common illnesses seen in children below 12 years.

### BED-WETTING

"Aren't you ashamed to wet the bed? You are doing it for the tenth time. What's wrong with you? Who is going to wash the bed-sheet, spread the bed outside to dry it? You are not a small child. You are already nine years old!" Ravi's mother was angry with his behaviour.

"Don't blame me, mummy. I did not do it wantingly. I saw a dream in which I went to the bathroom and started passing urine. That's all I know. Don't tell daddy, he will beat me. Please".

Tears appeared in his eyes.

Passing urine in clothes or bed becomes a serious problem, when parents get worried about the child's toilet control. They start punishing the child and get alarmed to see that the frequency of bed-wetting getting increased with such punishments. The child feels miserable when others make fun of him. The common causes of bed-wetting are:

- 1) Infection of the urinary tract;
- 2) Poor training by the parents;
- 3) Child experiencing insecurity or anxiety or unhappiness because of
  - (a) rejection/neglect by the parents
  - (b) separation from the parents/family
  - (c) strange place/situations
  - (d) traumatic events
  - (e) problems in the school.

**Management:** Parents should not get alarmed, should not scold the child, but reassure him that he can get back the control. They should consult the family doctor to rule out urinary tract infection or any other physical cause of bed-wetting. They should follow the following steps to stop bed-wetting:

- 1) Give food with little fluids at 7.30 p.m.
- 2) Make the child pass urine before retiring to bed.
- 3) Make the bed-room fear-free by either lighting a lamp or making the child sleep beside another adult.



- 4) If possible wake up the child in the mid-night to pass urine.
- 5) Make the child to mark the day in the calendar with blue ink if he remains dry and with red ink if he wets the bed. Reward him at the end of the week if he remains dry all the seven days.

### **Dull and withdrawn Child**

A child who was active, becoming dull and withdrawn, draws the attention of the parents. They start worrying when they find the child not playing, not interacting with other members, not showing mischievousness. At times the child may be found weeping. The child may become slow in learning also. The child eats less and does not sleep adequately. This can be due to sensory deficits (partial or total loss of hearing or eye-sight), anaemia and undernourishment or depression arising out of family, school problems.

### **Hyperactive Child**

It is very easy to identify a child who is hyperactive. He does not keep quiet even for a minute. He keeps moving or doing things all the time, often becoming destructive. His attention and concentration keeps changing and he cannot complete any task. One has to be always behind him to control or often parents tie the child to a pole to prevent him from romping about. Hyperactivity is said to be the result of minimum brain

damage. There are drugs to reduce the hyperactivity.

## **ANTI-SOCIAL BEHAVIOUR / DELINQUENCY.**

A child may start showing the following, unwanted anti-social behaviour which disturbs everybody in the family, school and neighbourhood:

- 1) Telling lies
- 2) Stealing
- 3) Using bad and filthy language
- 4) Abusing and quarrelling
- 5) Destroying property
- 6) Not going to school
- 7) Disobeying
- 8) Gang activity
- 9) Sexual crimes

The factors which make the child develop anti-social behaviours are many, like poor and faulty parenting, absence of one or both the parents, alcohol or drug abuse by one of the family members, disturbed inter-personal relationship among the family members, criminal behaviour either in the family or neighbourhood, hostile and disorganised environment, poverty, poor and confusing moral and ethical norms of the society.

## **SCHOLASTIC BACKWARDNESS**

A child who was doing well in the school, may start performing poorly in the examination

and lag behind in the studies. Parents and teachers become concerned and react in the following way:

- 1) Put pressure on the child to work hard and study for longer time than before;
- 2) Give extra coaching and exercises;
- 3) Give incentives for better performance and punish for poor performance;
- 4) Label the child as 'dullard', 'lazy', 'incompetent'.

But they should understand that there are many causes for scholastic backwardness like:

- 1) Difficulty in seeing or hearing
- 2) Specific learning difficulties like reading or writing difficulties. Difficulties in understanding symbols, technical terms, language difficulties
- 3) Anxiety regarding the performance
- 4) Faulty study habits
- 5) Disturbed relationship with family members, classmates and teachers
- 6) Loss or separation of a loved person
- 7) Physical illnesses like anaemia, deficiency state, tuberculosis
- 8) Mental illnesses like depression, phobia.

Thus when a child develops a mental health problem, the causative factors may be in the

- 1) Child;
- 2) Family members/Family environment;
- 3) Teachers, Classmates, School environment;



4) Neighbourhood and society. These factors have to be identified and rectified. Teacher, parents, family doctor and mental health professional have to work together to find the solution. Drugs play a limited role in the treatment of childhood mental health problems. Periodic meetings between the teachers and parents can prevent these problems.

## **MENTAL HEALTH PROBLEM IN ADOLESCENCE**

Adolescence or teenage (13 years to 20 years) is an important period in one's life. During this period, an innocent child blossoms into an adult. There is physical growth with secondary sexual features appearing, converting a boy into a man, a girl into a woman. There is mental growth but it is not as fast as physical growth. Thinking, controlled expression of emotions, proper understanding of the environment through five senses, decision making, intelligence, ability to satisfy the needs within the limitations of various social and moral norms, varying mental functions get definite shape. Interest in opposite sex, sexual desires and expressions try to find suitable place in one's life. The individual has to face important examinations in the field of education, get better marks competing with others, select a course, a vocation which determine one's future. One has to find one's way to understand the reality and clarify one's goals. Adolescents get entangled in these issues and struggle to succeed. They have to sort out their identity crisis. They have to cope with their elders

and their traditional (some meaningful, some absurd) values, beliefs and practices. Thus some say that adolescence is a period of turmoil, confusion and uncertainties. Because of these biological, psychological and social changes, adolescents are more prone to develop mental health problems. The common ones are:

**1) ANXIETY NEUROSIS:** Apprehension, vague fears, uneasiness, poor concentration and memory, indecisiveness, doubts and conflicts, boredom, irritability, initial insomnia, poor appetite, increased frequency of micturition, diarrhoea, burning sensation in the chest or stomach, increased heart beats, breathing difficulties, increased perspiration, joint pains, weakness, headache, easy fatigability, sexual inadequacies like premature ejaculation, partial and/or total impotence etc. are the complaints with which adolescents with anxiety neurosis present to any doctor. Most of them believe that they have physical weakness or illness and medicines like tonics, vitamins and injection would help them. Thus they get investigated unnecessarily and consume a lot of medicines in vain. The common factors which are responsible for anxiety neurosis are:-

(a) **Identity crisis:** The adolescent being not clear about his role and status in the family or in the society suffer from insecurity, inferiority and helplessness which lead to severe anxiety when he has to face problems or new situations.

**(b) Performance anxiety:** Parents expect their children should get first rank, should succeed in the competitions and thus put enormous pressure on them. They give big incentives for success and threaten with punishment for failures. This leads to performance anxiety in the adolescents. They start worrying excessively about the results and their performance suffer.

**(c) Realities of life and fantasies:** The big gap between the fantasies and realities of life can induce lot of anxiety in the adolescents.

**(d) Lack of sexual education:** As no formal sex education is given in our society, sex has become an attractive secret or taboo. Asking questions about sex is prohibited. There are innumerable misconceptions which make the adolescent develop unhealthy attitudes and unwanted fears.

**(e) Social disorganisation and evils:** Severe, unhealthy and unethical competitions, uncertain future, lack of faith and mutual distrust, bleak future with unemployment, unequal distribution of wealth and facilities add to the anxiety of the individual.

**2) DEPRESSION:** Feelings of sadness, weeping spells, lack of interest in all the activities, hopelessness, helplessness, worthlessness, self-blaming, guilt, poor appetite and sleep, decreased sexual drive, headache, body aches, numbness in the limbs, death wish, suicidal ideas and even attempts are the common features of depression. Depression arises out of situations like:



(a) **Unhappy family:** Quarrels among parents and siblings, chronic illness or handicaps in the family members, broken homes.

(b) **Failures and frustrations:** Failures in the examinations, not getting an entry into a desired course, failure to achieve the goals, disappointment in love affairs.

(c) **Financial difficulties,** lack of basic facilities.

(d) **Specific learning difficulties:** Difficulties to learn languages, to understand technical issues.

(e) **Occupational problems:** Lack of job satisfaction, ill-treatment from employers, colleagues and subordinates.

(f) **Ill-health:** Any long drawn or disabling illness (both physical and mental) like fits, skin diseases, heart diseases, asthma etc. Physical handicaps like defective vision or hearing, or limbs not being good looking with short or ugly features.

(g) **Changes in the brain:** Certain biochemical changes in the brain can cause depression inspite of having no stress factor in the environment.

**3) HYSTERIA:** Hysteria is more common among adolescents who (a) do not know how to express their desires or problems; (b) are afraid to communicate to others; (c) do not get the required help and support from others and feel neglected. Hysterical symptoms are formed through an 'unconscious' process. Though many hysterical symptoms involve one or many organs in the body, they

do not cause any damage or structural change in them. Hysterical illness usually has a dramatic, sudden onset and lasts for a short period. The symptoms appear in front of people and draw their attention. They can occur at a specific time and place. The individual remains symptom-free during other times.

Common presentations are:

- 1) falling and having involuntary movements of the limbs
- 2) falling and remaining non-responsive
- 3) weakness or paralysis of the limbs
- 4) inability to talk
- 5) abnormal sensations in the body
- 6) hurried respiration, belching or hiccoughs
- 7) patches of memory loss
- 8) attacks of abnormal behaviour and talk
- 9) possession by evil spirits, God or holy saints

**TREATMENTS:** Anxiety, depression and hysteria are minor mental disorders and are called neuroses. Delays or defects in the development of mind and inability to cope with stress and strains, non-supporting or hostile environment are the causes of neuroses. Therefore these issues are looked into when the treatment is planned. Drugs which reduce anxiety (Tranquillizers), depression (Anti-depressants) have to be used judiciously. Counseling the patient and the family members and changes in the environment help in removing the

symptoms of neurosis. Knowing one's abilities and limitations in mind, organising the work and activities well in advance, spending an hour to carry on healthy habits like reading, music, painting, gardening etc., sharing one's views and feelings with selected intimate friends or relatives help to prevent neuroses.

**4) DRUG ABUSE:** Now-a-days drug abuse has become a big medical and social problem with adolescents. Surveys show that 30 to 50% of the students accept that they periodically abuse one drug or the other. 2 to 3% of them depend on a drug for doing their routine activities. Drug dependence leads to severe incapacitating or even lethal medical problems, anti-social and criminal behaviour among the users. Addicts if not treated, degenerate and become dangerous to themselves and others. Common drugs which are abused by the adolescents are:

- (a) Alcoholic beverages: beer, brandy, rum, gin, whisky, arrack etc.
- (b) Brown sugar, heroin, opium
- (c) Ganja, bhang, charas, hashish, marijuana
- (d) Vesperax, mandrax, dexedrine.
- (e) L.S.D.

Curiosity, peer group pressure, desire to get new experiences, pleasure seeking or adventurous nature drive the adolescents to take to these drugs. Gradually they develop psychological and physical dependence on drugs because (a) tolerance: the



nerve cells in the brain get used to the drug and the individual has to increase the quantity of the drug to get the desired effects; (b) physical and psychological withdrawal symptoms like shivering, spasms, breathing difficulties, palpitation, nausea, vomiting, diarrhoea, restlessness, fear, illusions and hallucinations when one does not take the drug or reduce its quantity.

An adolescent who is already suffering from anxiety or depression or inadequate personality is more prone to develop dependence on the drug. Drug pedlars and other selfish and anti-social persons encourage the adolescents to consume more and more of these drugs. They motivate the adolescents to do crime for their gains. There is treatment for drug dependence. Hospitalisation, detoxification, treatment for underlying physical and mental ailments, counselling and rehabilitation help these individuals. But success of treatment depends on (1) degree of motivation of the person to give up the habit; (2) support and supervision of the family members; (3) environment. Prevention is better than cure. Keeping oneself away from these drugs, and understanding that these drugs cannot be an answer to one's problems and frustrations, help in reducing the drug menace. (For details, see the next chapter)

**5) PSYCHOSES:** Adolescents may develop severe mental disorders like schizophrenia, mania, depressive psychosis and reactive psychosis.

Thus one should remember that adolescents

are more at risk to develop different types of mental illness like anxiety, depression, hysteria, drug dependence and schizophrenia. These problems should be recognized early and proper treatment should be given. Better communication, appropriate recognition and status to adolescents, proper support and guidance from elders help the adolescents to improve their mental health.

## INTOXICATING DRUGS

Intoxicating drugs!

Alcohol, Ganja, Bhang, Charas, Hashish, Opium, Brown Sugar, Heroin, LSD, Fortwin, Mandrax, Vesperax, Dexedrine .... the list never ends! Day by day the number of persons who use and abuse these drugs is increasing in geometric proportion. Individuals, families ruin themselves owing to drug abuse. Long term abuse of these drugs bring misery and ill-health. Though people are aware of this, they go after these drugs in search of pleasure. Why?

Ask a person who takes a drug about why he takes it. Generally the answers given are

"My friends take and enjoy. They forced me to take. Initially I refused. They made fun of me and said that I was unfit to be in their company. So I had to take."

"I was curious to know why people are mad after this substance. I was told that this drug would give unusual and strange experiences. I wanted to have a new experience and I started taking it."

"Look sir, we are labourers. We work hard from morning till night. We get exhausted. If we do



not drink, we do not get sleep. That's why we drink everyday. I cannot think of a day without alcohol."

"Doctor, I was told that beer was good for health. It is a tonic, is it not? My friends say that beer increases the skin complexion and shape of the muscles. This is the reason why I take alcohol."

"I take brandy or whisky to improve my sex power. I enjoy sex with half a peg of my favourite brand."

"All of us smoke ganja, sir. We are told by our guru that ganja helps us see God and become one with Him. You know that Lord Shiva himself uses ganja in Kailas. Why not we?"

"Often I get severe pain in the abdomen. I used to suffer a lot before one doctor gave me Pethidine injection. It is like divine nectar sir. It works like a miracle and relieves pain. Because of fear of getting the pain, now-a-days, I take the injection almost everyday."

"Last year examination was a tough one. I wanted to study till late in the nights. But was unable to resist the sleep. I got worried. My friend told me to take Dexedrine tablet which did help me to keep myself awake. I started liking the tablet because it gives some sort of thrilling experience inside me. I take it everyday."

"I like Brown sugar. It gives me a good kick. It takes me around the world ! I forget my irritating parents, nagging teachers, the bleak future and this dirty society. I do not mind doing anything, you call it a crime, to get the drug. I do not care for anybody as long as I get it."

Thus people take an intoxicating drug to forget their miseries, to get a new type of experience to enjoy, to get a good sleep, to live in the world of illusions and fantasies. Many of them start taking it because of group pressure or advice of friends or curiosity or accidentally. When they enjoy the initial euphoric effects of these substances they start developing psychological dependence on them. Who are the persons that are more prone to develop dependence?

- (a) Sad people: Persons who are sad and depressed because of various psycho-social stress factors like loss, failure and frustration, injustice, unresolved conflict, difficult problems etc. When these people do not get support and sympathy from the concerned, they become totally helpless. They resort to taking drugs to escape from the realities.
- (b) People with defective or inadequate personalities: People with such personality traits who are unable to cope with usual stresses or to follow the social and ethical norms to fulfil their needs find drugs very attractive to keep themselves away from hard realities of life.
- (c) People with mental disorders: A person when he suffers from severe mental disorders like Schizophrenia, Mania or Depression, may start taking a drug as part of the illness without understanding the consequences. He may try in vain to hide his psychotic confusion under the influence of the drug!

## WHY DEPENDENCE?

What makes the person develop dependence on a particular drug apart from the initial pleasurable effects of the drug itself?

- (a) **Tolerance:** All these intoxicating drugs have one dangerous quality called 'Tolerance'. The nerve cells in the brain get used to the drug and learn to tolerate the drug. Thus the person has to take more and more drug to get the desired effect ! That is, if a person gets good kick with half a peg of alcohol today, he may need several pegs a few months later! If one injection of pethidine relieves pain today, a few months later several injections are needed for the same.
- (b) **Withdrawal symptoms:** Long and regular use of a drug makes the nerve cells to work in the presence of the drug molecules. Once they become used to it, they react severely in the absence of them. This results in unbearable symptoms like shivering of the body, nausea, vomiting, diarrhoea, severe aches and pains, increased tears and perspiration, restlessness, fear, hallucinations, illusions etc. Thus when the person does not take the drug one day or reduces the dose, he suffers from the above withdrawal symptoms. Once he consumes the drug of his choice, the symptoms disappear. This drives the person to have the drug at any cost. That is why many addicts say, 'Sir, I want to give up the drug. But I cannot. Without it I cannot function, I cannot live.'



Anti-social and very selfish, bad persons in the society, thus make use of this weakness of the drug addicts. They blackmail them to do crimes to get their drug of choice. They initially give the drug free of cost to the innocents, make them addicts and abuse them later.

- (c) Availability of the drug and other factors: The easy availability of the drug and its cost play an important role in the beginning of a person developing dependence on it. Absence of healthy recreation and supporting atmosphere also contribute to the same. Thus you see alcohol being abused everywhere (both in urban and rural areas), whereas opium products like brown sugar and heroin being abused in cities and big towns. Ganja is abused in rural areas.
- (d) Disorganised and sick society: The problem of drug abuse is directly proportional to the severity of social disparities and disorganization in a given area. Slum areas and posh localities thus have become the centres of drug-peddling and drug consumption. Uneven distribution of wealth, wide disparities between the living standards of different classes, severe and unhealthy competitions, lack of security, unhealthy changes in the value system contribute their share to the growing problem of drug abuse.

### Signs of losing control:

Every person who takes any drug claims that he has and will have control over his habit. Nobody

including himself can tell when he would lose control. The following signs are the indicators of one losing control over the drug intake:

- 1) Steep increase in the dose of consumption;
- 2) Person who was taking the drug openly, now hides his act;
- 3) He is pre-occupied with the drug all the time. He starts neglecting his work, duties and his as well as family's needs;
- 4) He starts telling lies, stealing money and doing petty crimes;
- 5) He fails to remember certain events and suffers from poor memory;
- 6) He quarrels with everybody and his social relationships get strained;
- 7) He gets physical withdrawal symptoms if he does not take the usual quota of the drug;
- 8) He starts the day with alcohol or the drug. He takes it at any time of the day. Such an individual has to be identified and all attempts to get him medical help should be made by the concerned people.

## MENTAL HEALTH PROBLEMS

Drug abuse is associated with severe types of mental health problems. A few such conditions can be dangerous to the individual or to others. For example:

- 1) Delirium tremens: There is a big commotion in the village. Rajappa, the weaver, is holding

a sickle and is shouting that he would kill others. He is abusing in obscene language. There is no smell of alcohol to say that he is drunk. His wife says that he took his last drink yesterday. Rajappa looks frightened. His hands are shivering and he is falling to the ground. Froth is coming out of his mouth. There is rhythmic movements of the limbs. Now people realise that he is ill and decide to take him to the hospital. He is suffering from 'Delirium Tremens'. This is part of withdrawal syndrome as he is addicted to alcohol. If he is not treated immediately he can become more delirious. The brain gets damaged. Because of the false beliefs and perceptions, he may kill himself or kill others.

2) Korsakoff's Psychosis: Shivaji Rao looks funny these days. His memory is becoming poor day by day but he does not accept it. He tells lies and weaves stories whenever he cannot remember certain things. For example, last Sunday he was at home and never went out. But when his friend asked him what he did on Sunday, Shivaji Rao told him that he went to a movie, had a long evening walk in Lalbagh etc. He does not sleep properly. Sometimes he claims that he sees dolls moving and dancing in front of him. Actually no such thing happens. He has stopped working for no apparent reason but says that his brother has advised him to do so! Shivaji Rao who is in the habit of taking alcohol from last ten years is suffering from Korsakoff's psychosis. This is the result of damage to the nerve cells.

3) Alcoholic paranoid state: Sanjeev declares



that his wife is not loyal to him. He suspects that she has sexual contacts with the neighbours. He abuses her and forces her to accept her fault. He refuses to take food prepared by her, telling that she would not mind mixing poison and kill him. He is irritable, stubborn and believes nobody. Everybody knows that his wife is a good lady. But if they try to convince him about this, he concludes that they are supporting his wife for some benefits. He is in the habit of taking alcohol from many years. His friends and relatives feel that nothing can be done to help him. Sanjeev is suffering from Alcoholic paranoid state. In this condition, the individual becomes very suspicious and becomes a problem to everybody.

4) Alcoholic Dementia: This is another condition resulting from long term abuse of alcohol. All the higher mental functions like memory, intelligence, decision making, and other skills are deranged because of severe brain damage. The individual becomes totally dependent on others and helpless.

5) Amphetamine and Cannabis psychosis: Individuals who take Amphetamine (Dexedrine) tablets for a long time can develop severe mental disorder. They become suspicious and restless. They hear voices which threaten them. They cannot do their routine work. Their sleep is disturbed. They behave like mad people and suffer. Similarly people who are habituated to take ganja, bhang, charas, etc. can develop cannabis psychosis. If one does not know their habit of taking these drugs, he can conclude that these individuals have gone mad.

6) Other individuals who take morphine, pethidine, opium, brown sugar, L.S.D. also suffer from severe withdrawal symptoms. They become unmanageable showing psychotic symptoms.

## TREATMENT:

Once a person becomes an addict, he needs treatment to become a normal person again.

- 1) He has to be admitted to a hospital.
- 2) Minor or major tranquillizers are given to control the withdrawal symptoms.
- 3) Any deficiency state or illness of the body has to be treated.
- 4) Once he is detoxified, the causes of his dependence on the drug have to be found out.
- 5) Organised psycho-therapy or behaviour therapy is planned to help him to give up the habit of taking the drug.
- 6) Emotional support, love and affection from the family members and friends help in steady recovery.
- 7) He is given a vocational training and then rehabilitated to earn his livelihood and live independently and with dignity.

Mental health professionals working in psychiatric units and mental hospitals can organise such treatment for the patients. Family members, voluntary agencies, all the concerned people in the society and the government should join hands to make such treatment programme a success.

## PREVENTION IS BETTER THAN CURE:

Now you have understood that management of addiction is not a joke. It is a very difficult and complicated process. It can be expensive. By the time, the treatment succeeds enough damage is already done. The individual is left with residual deficits. This can be prevented. Prevention is easy and better than cure. Everybody should realise that these intoxicating drugs are like octopus, dangerous. It is safe to keep oneself away from them. STOP USING THEM. DISCOURAGE OTHERS FROM USING THEM.



## OLD AGE AND MENTAL HEALTH

Mr. Raman who celebrated his 60 birth anniversary two years ago, is said to be not alright these days. He is found to be dull and lacks interest in almost everything. He talks less and prefers to be alone. Earlier he used to be very social and active. He enjoyed the company of others. But now he is very irritable and makes curt remarks. He has less appetite and does not relish food. His sleep is disturbed and his family members find him either sitting on the bed or taking a walk in the verandah. Small and trivial things upset him and he bursts into tears. Often he says that it is better to die. A routine physical check-up by the family doctor did not reveal any abnormality. Last week, he was found to be unconscious and a farewell note was found next to him. He had consumed sleeping tablets in an attempt to end his life. He was immediately taken to the hospital and resuscitated. He had depression.

\* \* \*

Mrs. Laxmi was the principal of a private college. Though she got retired, she continued to

be the director of the educational organization. She had a high reputation for maintaining discipline and punctuality. Since one year she has changed a lot. Her talk and behaviour are un-understandable and puzzling. In the meetings she intervenes unnecessarily and makes silly comments. Her social manners have deteriorated; she laughs loudly, makes very personal and even obscene comments on others. She forgets her belongings and loses them. She loses her temper and shouts at others. Last week people could not control their laughter when they saw her wearing the sweater inside out. Two days ago she wet her clothes and remained unaware of it. She was taken to the hospital and was investigated. Her brain was found to be diseased. She was suffering from 'Dementia'.

\* \* \*

Shivashankar is seventy years old and is enjoying good health. A week ago he developed a burning sensation while passing urine. The same day he had fever with rigors. He consulted his family doctor and took treatment. Fever did not subside. Fourth day he started behaving abnormally. He talked without any meaning. He became restless and frequently tried to go out. He failed to recognise the family members. He started telling that some people were trying to kill him and refused to take food suspecting food poisoning. He was suffering from 'Acute organic brain syndrome'.

\* \* \*

Shantha Bai met her family doctor and complained of severe aches and pains, easy fatigability, increased heart-beat and giddiness. The doctor examined her in detail and found no abnormality in her body. All the investigations were reported to be normal. He enquired about her sleep and any worry. She replied that she found difficulty in getting sleep and had some vague fear and ideas like 'she might die soon'. In a detailed interview, he found out that during the past one year Shantha Bai had seen the death of four people of her age group. Frequent thoughts of what would happen to her children, specially two grown up daughters who were yet to be married, if she would die. She was suffering from 'Anxiety Neurosis'.

\* \* \*

These are a few typical case histories depicting how elderly people suffer from different types of mental disorders. Old people form a vulnerable group to develop mental morbidity because of biological, psychological and social factors. Thus they need necessary help.

Conventionally people who are 60 years old and above are considered to be old people. They constitute 6% of the population in our country. Many people start thinking about the old age when they reach 50 years. They look back at the past with nostalgia and at future with apprehension, feelings of insecurity and fear of approaching death.

Biological changes: In every organ of the body, there is deterioration of the cells. The dead



cells are not replaced by the new ones. Enzyme actions are deranged, protein synthesis is disturbed. Every organ functions with lesser and lesser ability. Thus the individual is prone to develop different illnesses. The changes in the brain are noteworthy. The nerve cells die. The brain shrinks. This is further accentuated by poor blood supply due to thickening of the blood vessels. This leads to poor functioning of the five senses. Higher mental functions are affected.

**Psychological changes:** There is decline in mental functions like intelligence, thinking, memory, ability to take decisions etc. This leads to poor comprehension, slow reaction and inability to learn new skills. Thus old people are slow, clumsy and prefer to stick to their old beliefs and practices, they dislike any change from routine. Any stress can produce an abnormal emotional reaction. Because of declining physical and mental abilities, they remain apprehensive, anticipate problems and thus suffer from anxiety and depression. Approaching death is one of the preoccupation of the old people.

**Social changes:** They are many that affect the well-being of the old people. 1971 census shows that 43% of old people were working, which included unpaid family work. Majority of old people are not earning members and are dependent on others. This leads to decline in their status, self-respect and confidence. The death of the spouse brings loneliness. This is more common in women as they live 8 years longer than men. The joint

family system which used to be the chief source of support and sustenance for the old, is rapidly disappearing because of urbanisation, modernisation and occupational mobility. The respectful and meaningful job of being advisors, care-takers and companions to grand-children is no more available to old people. The values, life styles and objectives have changed and old people find it difficult to adjust themselves to the new situation. They get isolated and loneliness haunts them.

### Why people become old?

**Genetic theory:** Life span is said to be determined by the information in DNA molecules of the genes in our cells. Longevity is also found to be sex linked as females live longer than males in almost all species. Children of parents who lived long, tend to live longer than others.

**Stress Theory:** The accumulated effects of recurrent stresses are said to influence the span of life. These stresses could be nature's variations, diseases, emotional disturbances etc.,

### Common Mental Health Problems:

**Depression:** It arises out of biological or psychological or social reasons. The person feels sad and dejected, entertains suicidal ideas. He neglects food and other basic requirements. He may have aches and pains. Sometimes depressed patient can be very restless, irritable. He can hear abusing voices from nowhere (hallucinations) and firmly

believe that he is a sinner. Depression is treatable with drugs and psycho-therapy.

**Anxiety and other neuroses:** Old people become anxious easily because of their limitations. Insecurity, dependence, fear of death and physical illnesses add to this fear. They suffer from vague fear, increased heart beat, breathlessness, fatigue, body pains, sleeplessness etc. Anxiety is treatable with drugs and psycho-therapy.

**Acute organic brain syndrome:** It is associated with any acute or debilitating illness. The individual becomes restless, disoriented and confused. He fails to recognise people and place. He hears voices, sees things when there are none in the surroundings. He becomes suspicious and acts in a strange way. Any infection, fracture, electrolyte imbalance, drugs or toxic substances can precipitate these symptoms.

**Chronic organic brain syndrome:** Gradual damage to the brain leads to chronic syndrome which is characterised by memory loss, decline in intellectual abilities, errors in judgement, severe neglect of personal care and finally a vegetative life. Injuries, bleeding and blood clots, brain syphilis, tumours of the brain are a few conditions which give rise to chronic brain syndrome. Early and prompt treatment can prevent further damage.

Other mental disorders like schizophrenia, mania and hysteria are not common in old age.

### **How to manage mild problems?**

Old people sleep for less than 5 to 6 hours and are in the habit of taking 'cat-naps' during the



day. They need not worry about the duration of sleep. If their memory is poor, they can maintain a diary and note down important items which they have to remember. By organising their daily routines and activities, they can avoid confusion and dependence. They can delegate responsibilities to other family members. They should have healthy activities like sports, music, reading, religious prayer etc. They should consult their family doctors to control any ailment. They should avoid self-medication. They should take nutritious and easily digestible food. They should avoid fatty and salty food. They should have simple physical exercises like walking.

### Accept old age and old people:

Some people fail to accept the inevitable old age and show abnormal reactions like denial, over compensation, withdrawal, blaming others, etc. They get frightened and frustrated. It is very necessary and helpful to accept the old age and prepare for it. One has to develop a positive attitude towards old age. The society has to give due respect to old people and make best use of their knowledge and experiences. It should offer them part time-job, recreational facilities and health care. Better living conditions and facilities go a long way in making old people happy and comfortable.

With right attitude and organized efforts old age can be the golden age in one's life with prestige and satisfaction.

## EPILEPSY (FITS)

You have seen some persons who get fits. They lose their consciousness and fall anywhere. While falling, they may get injured. Their limbs become stiff and later start convulsing. These movements are regular and lasts for one or two minutes. During this period, there may be froth in the mouth. The tongue or cheek may be bitten and it bleeds. Patient may soil his clothes. Patient may take a few minutes to hours to recover. He may have a few symptoms like headache, vomiting, generalised aches and pains, extreme tiredness, slurring of speech, weakness or paralysis of limbs, excessive sleep etc. He would prefer to take rest for the rest of the day. Some patients may exhibit confused or psychotic behaviour.

Such attacks may come every day or several times a day or they may appear once in a week or two or once in a month or only a few times a year. Thus the frequency is irregular. The attacks may come during sleep, when the patient is alone, when he is walking in the street, while driving a vehicle. Thus the patient can get an attack at any time, anywhere and in any situation. We come across

instances where the patient suffered or even died because he or she got an attack near fire, water, machinery and such other dangerous situations.

Epilepsy can be seen in anybody of any age and in both sexes. But it is much more common in children and adolescents. House to house surveys have revealed that ten per thousand of the population suffer from epilepsy. It is called by different name in local languages.

Some patients get a warning symptom just before they get an attack. This could be giddiness, fear, visual changes, uneasiness in the stomach etc., which are known as aura. In some patients the convulsions start at one part of the body and spread to other parts. The patient loses consciousness. Therefore observe the exact onset of each attack and inform the doctor.

### **Causes of Epilepsy:**

Remember that epilepsy is a symptom of brain disorder. When epilepsy starts in children or adolescents, the brain apparently looks normal. No structural damage is seen. But there are abnormal electrical discharges in certain groups of nerve cells. Because of these discharges the patient throws a fit.

If epilepsy appears for the first time after the age of 20 years, there could be a detectable brain damage like scar of a healed wound, haemorrhage, tumour, damage because of long term use of alcohol or other intoxicating drug, etc. Brain fever, infection of the brain also can cause epilepsy.



## **High fever:**

Some children with high temperature throw a fit. Their immature central nervous system has a low threshold to throw a fit. This is called 'febrile convulsions'. Therefore if the temperature is brought down, the child does not get a fit. By putting cold pack on the forehead, chest, fanning, giving half a tablet of paracetamol help to reduce the temperature. Do not cover the child with thick blanket. Consult the doctor immediately, who can find out the cause of fever and treat appropriately. These children after the age of 5 years usually stop getting fits with fever.

## **Hot water bath:**

A few children may get a fit during bathing when hot water is poured on the head. In that case the parents should use lukewarm water only for bathing. If fits continue to occur, doctor should be consulted.

An epileptic fit due to any reason, should be reported to the doctor. Every attack is capable of causing brain damage. In long standing epilepsy, the patient may develop mental illness or intellectual deterioration. Therefore every epileptic patient needs proper treatment and help.

## **Treatment for Epilepsy:**

Epilepsy is treatable and can be controlled with long-term medication. The common drug used to control fits is Phenobarbitone. To begin with,

the dose of the drug will not be known. Each patient needs different dose according to the severity of the illness. Therefore the doctor starts with a smaller dose, say 30 mg. a day or 60 mg. a day and in 3 to 4 months decides how much drug is necessary for a given patient. The patient has to take the tablet very regularly. He should not miss the drug even for one day. It is better to take the drug at bed time and report to the doctor once in a fortnight or a month. Some patients may develop drowsiness with Phenobarbitone initially but later they get used to the drugs. Drug has to be taken for a few years under the guidance of the doctor.

While taking treatment the patient should do usual work. The child should go to school, no restrictions regarding food. But initially, when fits are not totally controlled, the patient should not work near fire, water, machinery, should not drive a vehicle or climb trees or work at the top of buildings. Otherwise he can do all other types of work.

**FIRST AID:** What should you do when a person has a fit?

**Do's:** Clear some space around the person, and remove hard objects or furniture, so that he does not get hurt. Make him lie down sideways so that he does not choke himself with his own saliva.

**Dont's:**

- 1) Do not put any hard thing between his teeth (you may accidentally break his teeth or

damage his gums).

- 2) Do not give him anything to drink. You may choke him by forcing a drink.
- 3) It is not necessary to put an iron object such as keys in patient's hands. No need to beat the patient with old shoe. The fit will stop anyway after a few seconds.

## COMMON CAUSES OF RELAPSE:

Some of the patients say that inspite of consulting a doctor (or specialist) and taking medicines, they continue to get fit often and on, or occasionally. They may blame the doctor and medicines as inefficient, either they keep consulting different doctors, take a variety of medicines or stop the treatment. The common causes of relapse or uncontrolled fits are as follows.

- 1) Irregular medication: The person fails to understand the importance of taking tablets regularly, not missing even one dose. He may visit his relatives' houses or attend a function in a different place, or wait till the last tablet to buy some more, and he misses the drug. Abrupt stoppage of the drug can precipitate an attack. Therefore one should be very meticulous in taking medicines regularly.
- 2) Irregular food and sleeping habits: Late eating or fasting results in hypoglycemia (low level of glucose in the blood stream). Brain



cells need glucose every minute. Hypoglycemia can precipitate an attack of fits. Similarly late sleeping or keeping oneself awake throughout night can bring an epileptic attack. Therefore an epileptic should have regular eating and sleeping habits.

- 3) Alcohol consumption: Alcohol in a small or big quantity when consumed, reaches brain cells and reduces the threshold to throw a fit. The person gets an attack. Long-term use of alcohol leads to brain damage which further worsens the condition. An epileptic patient should not touch alcohol.
- 4) Fever: Fever due to any cause can precipitate epilepsy. So when the patient develops fever, it has to be brought down by putting cold packs on the forehead, chest and by fanning. Antipyretic tablet or syrup also helps.

## ACTIVITIES OF THE PATIENT:

Many times a lot of restrictions are put on the patient regarding his food, work, leisure activities, travel, sexual activities etc. This makes the life of the patient miserable. There are no scientific evidences to say that a particular food item increases epileptic attacks. Patient can eat all types of food which others take. He should continue his studies (if he is a student) or work. He can play and take part in recreational activities. He can travel like others. He can get married, have normal sexual

activities, have children. He can function like an other normal and healthy person.

### REMEMBER:

- \* Epilepsy is a symptom of brain disorder.
- \* In majority of cases, there is no structural damage in the brain.
- \* Regular and long-term medication can control fits.
- \* Patient should be turned to a side and left alone, during fits. Once the convulsions stop he should be cared for. Taking extra medication before or after the fits is absolutely useless.
- \* Epileptic patient on treatment, should go to school or to his work-place.
- \* He should be careful near fire, water, machinery.
- \* If the patient gets more than one attack in succession and in between, he remains unconscious, it is an emergency (it is called 'Status Epilepsy'). Rush the patient to a nearby hospital and get him medical help.
- \* Patient should consult the same doctor periodically. He should maintain a small diary which contains the details of the attacks and medication.
- \* Patient should be regular in food and sleep habits. He should avoid alcohol and other intoxicating drugs.

## WITCHCRAFT, BLACK MAGIC, POSSESSION AND MENTAL ILLNESSES

Our people have strong beliefs in ghosts, gods, witchcraft, black magic etc. Whenever there is a sudden or unexplained loss, problems or illnesses, they believe that they are caused by angry gods, mischievous or bad ghosts, or witchcraft and they go to temples, mantravadis, faith healers for help. They offer prayers, do pujas and get counter-witchcraft done to remove the bad effects. Some people claim that they get possessed by gods and goddesses or spirits and behave in a peculiar way or do something unusual. We wonder how they do it. In districts like Bidar, Gulbarga of our state, people talk about and are afraid of a particular type of witchcraft called 'Bhanamathi'. Since many people talk about ghosts, witchcraft and black magic, narrate their experiences and declare that they got rid of them by conducting rituals and getting counter-witchcraft done by mantravadis, others believe that all these things may be true and a reality. Should we believe that mental illnesses



are caused by these elements?

In olden days, when people did not know the cause of mental illness, they thought that it was caused by ghosts, witchcraft or angry gods. As a form of treatment they started beating, branding and causing physical pain in one way or the other to the patients. This is continuing even today in our rural areas. We have to prevent people from ill-treating patients in this manner. We have to develop a scientific attitude towards these issues to bring a change in the ways of managing mentally ill in the community.

Scientific studies have been conducted all over the world to understand these phenomena. According to available data, we do not have any strong evidences to say that they exist. Ghosts, witchcraft, black magic appear to exist only in the minds of the people who believe in them. They appear to be the products of blind beliefs and strong expectations. It is interesting to note that they exist among people who believe in them and never seen in places where people think rationally and accept only facts.

The unusual and peculiar events which are said to occur because of ghosts or black magic, when carefully analysed seem to be exaggerated version of common events or intelligently woven make-belief stories. Rarely, an unusual event takes place as a part of special ability of the brain of that individual and definitely not as something supernatural. At present, there are no scientific evidences that prove the existence of super-natural

powers or agencies. Let us understand the process of the formation and continuation of belief in such super-natural elements.

Seeing earth quakes, floods, wild fire, lightning, thunders and such other phenomena of nature, man thought that there could be a super-power which was responsible for all this. He named this super-power as 'God'. He logically thought that if this 'God' became angry, he would bring a series of difficulties, illness, misfortunes and even death. Man devised many methods to please God: praying, offering food, fruits, flowers, animals or even fellow men. Whenever he was in trouble or got illness, he resorted to these rituals out of helplessness. Some people took up this job of keeping the God happy and pleased so that He would help the group to be happy and also destroy all the evil powers. Naturally these priests enjoyed high status among others and, in due course, they became ambitious and strengthened their hold on the community. They invented stories regarding the powers of God, projected as omnipotent and omnipresent; but He would need a lot of persuasion to be helpful and kind to people. They claimed that they were capable of talking to Him and convince Him to do good to their followers. They also threatened others that God would be angry and punish those who disobey the priests or their instructions. Thus they exploited others and joined hands with the rulers who used to do the same. One can see such exploitations in almost all cultures, all over the world. The process of God coming on the

priest or someone is one such phenomenon. This is done very intelligently by some or is exhibited in hysterical dissociation state. These persons capitalise on the innocence, blind belief, fear and helplessness of people and carry out this profession to earn their livelihood or status in the society. They try to influence, reassure and increase the confidence of people who are in distress. People who are helpless, get carried away by the charisma and reassurances. They gather their existing resources and try to face the situation and may even succeed. Some illnesses are self-limiting and subside in the limited time. At that time if the patient had consulted a faith healer, that person gets the credit for curing the illness ! Such instances are talked about by many and receive a lot of publicity. That healer, that place and that particular God become very popular and attract lots of people. Biologically determined illnesses do not subside by such faith healing. They do not respond to puja, prayer and rituals. But people do not blame or question the healer. They think they are unlucky or it is their fate or decide that the particular healer or god is less powerful and keep trying to consult a more powerful healer. They do not lose their faith or optimism for a long time and expect that one fine day their difficulties will come to an end. The persons who claim that they get possessed by God, keep collecting wealth in terms of fees, donations and gifts. They collect 'special donations' to get possessed on request! It appears that 'God' is at their command and descends at them on call! The



predictions of these healers are always vague and ambiguous. If the prediction does not come true, the healer would say 'Do not worry. The evil forces are very strong. Your stars are in bad positions. I will arrange one more round of rituals. Then you will be alright'.

What is after death? What happens to the man after death? Where he goes? Nobody knows what exactly happens. Different people make different speculations and give their own versions. Many say that after death, some go to heaven and some go to hell. Some become ghosts and wander around! Many people claim that they have seen them clad in white clothes and with a frightening figure. It is believed that like people, there are bad and good ghosts. Bad ones are said to cause mental illnesses.

People who lose their loved ones in unexpected way and suddenly, show severe grief reaction: e.g., a wife who has lost her husband, a mother who has lost her pretty child. If younger people die suddenly, severity of grief is naturally very high. Then their immediate relatives find it difficult to accept the death. They have hallucinations wherein they see the dead person, hear his or her voices! Because of such experiences, people think that though one's body perishes after death, 'soul' does not. It stays and moves in and around the loved ones. It establishes its existence directly and indirectly. People who die in young age and face an unnatural death are believed to become ghosts much more frequently than who die naturally.

The patients with psychoses report that they see people, vague figures or hear voices from nowhere. When people do not know that such experiences are due to bio-chemical changes in the brain they come to the conclusion that ghosts are seen by such persons and they talk to them. People believe that mental illness is caused by these ghosts. When an excited patient because of adrenalin secreted in his body shows excess strength and becomes violent, people say that he is possessed by a ghost.

One should remember that during hysterical state of trance, the individual will be able to make use of his hidden reserve capacities (of both body and mind) and carry on the so-called extra-human activities like lifting heavy weights, eating enormous quantity of food, not registering pain etc. The supporters of possession claim that these phenomena are the proof for the existence of ghosts!

People specially women who have hysterical traits, when they are afraid to express their problems directly, try to do it indirectly. Possession by God or ghost is one such indirect way of communication. The husband or mother-in-law who neglects the woman otherwise, now gives enough attention when she gets possessed by God. During possession, she can express her anger and unhappiness about the husband who is a drunkard, about the ill-treating mother-in-law. The pent-up emotions and conflicts come out. Thus when we talk to people who get possessed by ghosts, we may find that they have one problem or the other and suffer silently. They need help, sympathetic understand-

ing of their problems by the concerned family members, love and support and not beatings from a mantravadi, branding from a healer.

The individuals who are said to be the victims of ghosts have in reality some type of mental illness like schizophrenia, mania, depression etc. We should educate the family members and make them understand that by proper treatment in a hospital the individual will recover fast. Then his or her suffering becomes less.

Witchcraft, sorcery or black magic are believed to be special skills and techniques, learnt through a teacher by hard and wicked methods. These skills by and large are used to harm others. On a new moon day, the expert of witchcraft goes to a graveyard, draws some figures in front of a tomb, chants some hymns, invites the wicked power. He offers an animal to satisfy it and commands the wicked power to harm a particular victim. Or he collects hairs or nails or soil soaked with urine or cloth tinged with semen or menstrual blood of the victim. He invites the wicked power and pushes needles or thorns into a doll. He buries it under the ground. It is said that as long as the doll remains underground, the victim suffers from various hardships or illnesses. If it is not removed and destroyed, it is believed that the victim dies. There are people who claim that they are experts in removing the harmful effect of witchcraft by doing counter-witchcraft. They say that they can locate the hidden doll or destroy it by counter-magic. In rural areas, if any person becomes dull for no rea-



son, develops lack of appetite, weakness, easy fatigability, sexual inadequacy, abnormal behaviour, mental illness or any undiagnosable physical illness, people immediately think that he has become a victim of witchcraft or black magic. Therefore they consult witchcraft experts or mantravadis. Sometimes the patient becomes better. Many times he does not. The futile attempts to remove the witchcraft continue and a lot of money is unnecessarily spent.

When the victims of witchcraft or black magic were examined, most of them were found to be suffering from hysterical neurosis, depression, different types of psychosis or from ailments like anaemia, malnutrition, tuberculosis, tumours, degenerative diseases. In villages where people strongly believed in witchcraft it had become an ever haunting fear and so the villagers would brand any illness or any hardship as due to witchcraft. They exhibited mass hysteria. The individuals who used to claim that they remove the effects of blackmagic and their agents and supporters used to put lot of pressure on people to seek their help for any hardship. These agents were telling stories to threaten people and exploit them. The expert committee headed by Dr. H. Narasimhaiah which investigated into Bhanamathi witchcraft phenomenon in Gulbarga and Bidar districts did not find any evidence to substantiate that Bhanamathi existed as claimed by people. Ignorance, illiteracy, poor living standards, poverty, poor or non-existing medical services, helplessness and blind beliefs of people, intelligent and smart anti-social individuals seemed to be the forces responsible for the prevalent belief in 'Bhanamathi'.

Thus it appears that:

- \* There are no convincing evidences to say that one can do witchcraft or Bhanamathi and harm others. No evidence to say that such powers really exist.
- \* The selfish, anti-social individuals and their supporters with vested interest are responsible for these make-belief stories and put pressure successfully on helpless and ignorant people who tend to believe them easily; often they exploit the poor and gullible.
- \* Getting possessed by God or ghost is a hysterical phenomenon and these individuals use it to communicate their problems or draw other's attention. This is a sub-conscious process.
- \* Most of the victims of possession, witchcraft and Bhanamathi suffer from known physical or mental illnesses which can be treated by any trained doctor.

Therefore it is the duty of everyone of us to educate individuals who are said to be the victims of possession or witchcraft and their family members that the said symptoms are due to some known diseases, they should consult doctors in the nearby hospitals and get modern treatment as early as possible; they should not waste their precious time, money and other resources seeking help from traditional healers, exorcists or magicians, they should become wise by developing scientific attitude and temperament.

## THE IMPORTANCE OF CRYING

Everyone of us would like to smile and be happy. We do not want to cry and shed tears. We hate to cry in front of others because crying would mean lack of control on one's emotions and helplessness and we do not want to give such a poor picture of ourselves. We get easily moved by seeing a person crying and do our best to stop him from doing that. Thus we do not appreciate this act of crying. But, quite often in our life, we cry and at the same time do not realise its importance. We are not aware of its benefits. Is it necessary to cry? Is it harmful in any way? If we do not cry what will happen? Let us try to understand the relevance and importance of crying.

Dictionary meaning of crying is to shout, to call loudly, to weep and shed tears. All of us know that every individual cries as soon as he is born. The new born baby starts its life with crying. It is reported that the child rarely cries when it is inside the mother's womb, which can be dangerous as it can get choked with intra-uterine fluid. Hearing the cry of the new born child, the faces of mother,



medical attendant and others light up with joy. Why the child cries? Is it sad for coming into this world of problems? If the baby does not cry, all efforts are made to make it cry. Why? The first cry of the baby makes it fit to live on this earth by inflating the folded lungs. Now the baby is able to breathe. This vital birth cry is purely a reflex action, when the air is drawn forcibly over vocal chords making them to vibrate and produce the sound. If the baby does not cry, breathing does not start. The baby does not get oxygen which is very essential for the brain-cells. During its stay in the mother's womb, the foetus used to get oxygen and nutrition from the mother's body. Now since the umbilical cord is cut, this source of oxygen is no more and the child suffers from brain damage. Thus resulted damage can make the child mentally retarded which will be a life long disability. The brain damage can make the child to develop epilepsy and/or hyper-activity too. Thus the first cry is of immense importance to the individual.

The new born baby continues to cry mainly because of hunger which is monotonous and intermittent. When it cries out of pain or rage, it holds its breath. The face turns purple red. When the child is 3 to 4 weeks old, the tone and intensity of crying change and is accompanied by bodily movements. One can understand the purpose of crying by closely observing these changes. This is very necessary because mothers become anxious to know why the child is crying. The crying due to hunger is loud and associated with sucking move-

ments of the lips. The crying due to pain or discomfort is shrill voice along with groaning. If the cry is due to colic, a peculiar high-pitched scream is made with alternate forceful movements of the legs. During the first month period the baby cries on an average for 120 minutes a day. Therefore mother should not become anxious if the child cries for this much period. They find the baby becoming quiet if it is held, fondled or spoken to. But one should not do this readily because the child may make undue demand for attention on the mother and disturb her.

It is interesting to note that tears appear with crying after the baby is one month old. Tears are secreted by small lachrymal glands which are situated above the eye-ball in the eye-socket. Tears flow through a small tube, reach the eye and flow over the cornea, keeping it always wet. Tears contain 98% water, protein, salts and an anti-biotic enzyme called Lysozyme. Thus tears help in keeping the eyes clean and healthy.

Excessive crying in small children denotes that the child is in distress like his basic needs are not met with or he is getting less attention from the parents or he is having indigestion, body pain etc. It is observed that children living in an unhappy family set-up cry a lot without any apparent reason. Premature babies, babies with poor physical health, babies with brain damage cry in a different way and this is easily identifiable. Excessive crying in babies is harmful as it can lead to gastrointestinal disturbances, regurgitation of food, feel-

ings of insecurity, defective personality development in them. Excessive crying disturbs the health of the mother and other family members also. Sometimes, small babies develop episodes of sudden crying and holding themselves in a rigid position or their legs are drawn up towards the abdomen. They may have trembling movements of the body. These are called functional infantile colic and the cause of colic is not known.

Sometimes children when they cry severely with some cause like pain, anger, they hold their breath. The body becomes blue and rigid. The child becomes unconscious and can have convulsions. This is common in children between the age of 6 months and 2 years. These are not epileptic attacks. Since there is always a cause for crying, parents should avoid these causes and prevent these breath-holding attacks. No drug is necessary.

As the child grows, after the age of 6 months, crying becomes less and the child develops the characteristic expression through vocalization. In the pre-school age, children cry with reasons like physical pain, insult by others etc. In the school age, they cry out of anger and pain. By the age of 15 years crying becomes rare. 16 year old boys never admit that they cry. Later men and women cry in private or in situations of grief or intensive emotional stress only. Thus in children crying serves as an important and many times the only way of communication. They cry to get food, attention and other benefits. They cry to protest. Later when they are grown up, in times of distress, they regress to



the childhood level and use crying to get sympathy and support from others.

During adulthood, individuals cry when they are in severe pain or when they are in severe emotional stress like death, separation, loss of money, property, status etc. Crying help them to ventilate their feelings and thus reduce the psychological tension. But the socio-cultural norms and restrictions do not allow people to cry freely and whenever they want to cry, they have to do it in private. For example, men are not expected to cry. The person who controls his emotions and puts up a bold front is appreciated. Thus men tend to suppress their need to cry and suffer silently with pent up emotions. In our culture, crying of women is taken very lightly. It is wrongly believed and also expected that all women are emotionally unstable and they cry for every trivial reason. This leads to a situation wherein when she cries in distress, no attention is paid and she suffers. Thus many people either suppress their need to cry or use deviant ways to ventilate their emotions and draw other's attention. This can result in different types of physical and mental ailments. Example: The person can develop psychosomatic illness like peptic ulcer, high blood pressure, headache, joint pains etc., or the person can develop neurotic mental illness like anxiety, depression, hysteria etc.

Krishna Murthy, a 35 year old person was suffering from severe headache for 2 years. He consulted many doctors and used different drugs but did not get relief. A detailed psychiatric inter-

view revealed that he had all the features of depression like feeling sad, lack of interest in everything, disturbed sleep and appetite, suicidal ideas etc. The cause of this depression was the sudden demise of his son two years ago who died of tetanus. Krishnamurthy did not cry, did not shed tears as he was kept busy in consoling his wife and his old parents. He thought that he was responsible for the death because he did not take the child to a doctor when the child had a small wound which led to tetanus. Since he could not ventilate these feelings of guilt, sadness, he started suffering from headache and depression.

In our culture, like in many other cultures, we have prescribed rituals at the time of death which encourage the grief-stricken people to cry. These rituals help to reduce the grief reaction through tears. In some places people hire professional mourners to encourage family members to cry themselves out. It is observed that when a person cannot take part in the death rituals of the dead person he loved, later develops pathological grief reaction and suffers from physical and mental ailments for a longer time.

Women whose genuine crying do not get the attention of others develop hysterical neurosis. They develop symptoms like attacks of unconsciousness, inability to talk, hiccoughs, abnormal behaviour which is attributed to the possession by spirits etc. They communicate and protest by becoming 'ill'.

Gouramma, a village woman, cries in vain

seeing her husband ill-treating her. She is ignored. Now she gets possessed by spirit. She shouts at him and publicises his misdeeds. People shower sympathy on her for becoming a victim of an evil spirit. If people can give due attention to the needs of women and solve their problems, incidence of hysterical neurosis comes down.

In old age, people tend to cry more easily and for trivial reasons. Because of degenerative changes in the brain and/or a number of psycho-social reasons, old people lose control over their emotions and cry. Unfortunately, this is again taken lightly by youngsters and the feelings of old people are ignored. This has led to increased mental health problems like depression among them.

One should remember, that people cry when they are extremely happy too. Thus crying is a way to communicate one's emotions. It is vital for our survival during our childhood. It is important and necessary to ventilate our emotions and maintain our mental equilibrium. We should understand the meaning of crying in all age groups. We must use crying more appropriately in situations of emotional distress. In such situations we should allow the victim to cry. When people cry in grief, we should not discourage them. We should hold their hands or put our arm on their shoulder and console them. I would like to remind you the popular saying: 'When we were born, we were crying and others were laughing. We should lead our life in such a way, when we die we should be laughing and others should be crying.' Thus life starts with



crying and ends with crying. In between also, there is a need to cry. Therefore crying is our companion and can be a good friend.

## MISUSE OF DRUGS

I went to see a friend of mine and was surprised to see him sitting on the bed. On the table next to him, were medicine bottles, thermosflask, fruits.... "What's all this" I enquired. "Don't get alarmed, I am alright now; but yesterday, I had pain in the abdomen, a feeling of fullness of the stomach and weakness. I consulted a specialist. He said that there was nothing wrong with me and prescribed all these medicines", my friend replied. I looked at the prescription . 'One antacid tablet thrice daily, one antacid syrup one teaspoon full thrice a day, one anti-spasmodic tablet to be taken when wanted, one B complex capsule, one B complex injection and one minor tranquillizer to be taken at night...!'

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35 year old lady came for consultation in our psychiatric out-patient department. She had pains all over her body; sleep, appetite were disturbed. She was feeling very weak to do any work. She had consulted many doctors and specialists for the same

and was told that there was nothing wrong with her, but was prescribed analgesics, tonics, vitamin tabs and capsules, B complex injections, tranquilizers etc. But none of these medicines could reduce her suffering. When she was asked why she had come alone, she burst into tears. She told that her husband was an alcoholic and ill-treated her. It was very clear that she was depressed and was expressing her problems through somatic complaints. Doctors had failed to recognise this and given her a lot of drugs unnecessarily.

These are two examples of how drugs are being misused by doctors and their patients. It is no doubt that drugs save our life. A suitable drug of a proper dose at a suitable time, controls or cures an illness and gives relief to the person. But drugs given in high or low dosage, at odd times, irregularly and unnecessarily can become a threat to one's life. Many drugs are poisonous. They help us when they are consumed judiciously in proper dosage and for prescribed time and purpose. Doctors, patients, their friends and relatives, drug manufacturers and dealers—all are responsible for the abuse of drugs.

## DOCTORS AND DRUGS:

A tremendous responsibility lies on the shoulders of the doctors in prescribing a correct drug with a correct dosage to an individual. Unfortunately, often many fail to do so due to certain reasons.



## SYMPTOMATIC TREATMENT:

Diagnosing an illness is an important and vital step in the management of an illness. Many times diagnosis is not possible because of the following reasons:

- 1) The skill and knowledge of the doctor may be limited.
- 2) The time spent for each patient in a busy out patient department or clinic may be very short (2 or 3 minutes).
- 3) Patient and his relatives may not furnish all the necessary details or may give wrong information deliberately or by ignorance.
- 4) No time nor facilities to do necessary investigations or for specialist consultation.

Then doctors resort to what is known as 'symptomatic treatment', treating the symptoms and not the illness. For example:

Giving an antipyretic, antihistamine and an antibiotic to a person who comes with cough and fever instead of checking whether cough, fever are due to tonsillitis, bronchitis, pleurisy or tuberculosis etc., or giving an iron tonic, analgesics, vitamins to a person who comes with weakness, body pains without knowing whether they are due to anaemia or anxiety. Often symptomatic treatment does give relief which lasts for a short time. Symptoms recur and the illness becomes chronic.

Many times it becomes a try and error method.

If one drug does not do good to the patient, change to another; if that also fails, try the third. Thus patient becomes a victim of this experimentation and he is made to swallow drugs unnecessarily.

## **SPECIALISTS AND THEIR PRESCRIPTIONS:**

This is the era of specialists. There is a specialist for every organ and for every disease – eye or ear, heart or lungs, diabetes or tuberculosis. If a person with headache consults his family physician he is given symptomatic treatment. If there is no relief, he is sent to an ENT surgeon who does sinus puncture and treats. No relief. The person consults an ophthalmologist who invariably gives him glasses to wear. Still no relief. Somebody suggests that he (patient) should consult a neurologist. He also does not find any neurological cause for the headache and refers him to a psychiatrist. The cause of this unfortunate headache may be his nagging wife or mother-in-law or boss. But he is subjected to all sorts of treatment given by these specialists and made to consume a variety of drugs. (This may not occur in every patient with headache but does happen in many cases). Many doctors and specialists have a tendency of not referring their clients to the appropriate person for treatment because of the fear of losing them and the income. They would try to treat them symptomatically and refer only at the end. Thus many people with neuroses like anxiety, depression and children with mental retardation keep on getting

tonics, vitamins and other drugs. (There is no drug on the earth which can increase one's intelligence).

Giving a long prescription to the patient appears to be a speciality of many specialists. They invariably prescribe tonics, vitamins in tablet, capsule and injection forms. They tend to prescribe the same drug either in different forms or of different companies and load the patient with drugs. They also tend to change the medication untimely, yielding to the pressure of the patient or the relatives who demand for quick cure. Thus drug management of some specialists becomes a mess! One should remember that such a long prescription helps only the drug companies and not the poor patient. It is a tragedy that many patients have to sell their property and get into debts by these long prescriptions.

## PATIENTS, RELATIVES AND DRUGS:

Many patients and their family members are after a miraculous instant cure. They are so restless that they don't stick to one doctor, one drug or one system. They don't give time for the drug to act and give the expected result. They change from one drug to another, one doctor to another and consume a lot of drugs.

Some put pressure on their physicians to prescribe strong drugs or drugs which should be tried only when other simple remedies fail. For example, they want Ampicillin when simple sulpha drugs can control the infection. They want steroids



when anti-inflammatory or anti-histamine drug is enough.

Some patients drug themselves, they go to the drug store and take analgesics, anti-biotics and other drugs in an irregular manner.

Some other patients do not follow the doctor's instructions. They take drugs irregularly both dosewise and durationwise and keep experimenting themselves.

### **DRUG COMPANIES AND DEALERS:**

One drug, unless it is a patent drug, is manufactured by a number of companies carrying different colours, shapes and names. It may be available in the form of a tablet, capsule, spansule or injection. Drug companies bring out eye-catching advertisements, give generous free samples and put pressure on medical people to believe that their products are the best. Many doctors get carried away by the propaganda and start prescribing them without knowing whether that product has all the qualities it is supposed to possess. The small dealers many times sell the drugs without a prescription and thus encourage unscientific and illegal consumption of a drug.

### **COMMON DRUGS MISUSED AND THEIR ILL EFFECTS:**

Any drug can be misused. But the most common drug which is being misused to the maximum extent in our country is 'tonic'. The popular demand

of many clients who visit their doctor is, 'Doctor prescribe me a good tonic'. Knowing this, every doctor finds it easy to prescribe it than to go into the depth of the causation of many vague symptoms of their clients. It also becomes a way out when you cannot do anything to the patient's illness. Thus everyday, our people are consuming barrels of tonics, tons of vitamin tablets and capsules. Our body rejects any excess of these materials and thus though, by and large, no damage is done to our body enough damage is being done to our purse! Many tonics contain 2 to 7% alcohol which we consume without our knowledge.

### **PAIN KILLERS:**

Some people, if they have pain somewhere, due to some reason, rush to a corner shop, get a pain killing tablet and drain down their throat. Gradually they get habituated to it. Pain killers irritate the stomach. After sometime they may cause peptic ulcer.

### **ANTI-BIOTICS:**

Many people who drug themselves, lay their hands on sulpha, penicillin, tetracyclines and consume irregularly. Antibiotics control the bacteria which are pathogenic, only when given in proper dose and schedule. Otherwise bacteria develop resistance and even digest the antibiotics making them totally ineffective. Then these bacteria need higher antibiotics like Ampicillin, Gentamycin

which are not only costly but carry severe side effects. Finally a time may be reached, when the organisms become resistant to all antibiotics and the person succumbs to death.

## **STEROIDS:**

Steroids are the wonder drugs which bring relief to the persons suffering from asthma, arthritis (joint pains), severe allergy, uncontrolled fever and inflammations, some chronic skin diseases etc. But these drugs are to be used as a last resort when other simple drugs fail. They should be used in minimum dose for a minimum period. But some enthusiastic doctors and patients use this drug in the beginning and land up in difficulties. Severe side effects like peptic ulcer, derangement of the body defence mechanism against infections, weakening of the bones etc., can endanger one's life.

## **STIMULANTS:**

STUDENTS, at the time of examinations take stimulant drugs like, Amphetamines (Dexedrine) to keep themselves awake during the night. Studying continuously without giving rest to the body and mind leads to impaired memory. Dexedrine is a habit forming drug and long time use may result in severe mental illness (Amphetamine psychosis).

## **TRANQUILLIZERS AND SEDATIVES:**

Tranquillizers and sedative drugs are prescribed



to anxious people who have sleep disturbances. Among them Barbiturates, Morphine, Pethidine cause addiction. The person who starts misusing these drugs becomes an addict and deteriorates.

## **ALCOHOL:**

Though alcohol, in the beginning, in small doses can increase one's appetite, mask his sufferings and produce euphoria, in the long run makes a person an addict.

## **TAKING MANY DRUGS TOGETHER:**

Taking a number of drugs together, without knowing their effect on each other can be dangerous. These drugs instead of fighting against the disease, may fight among themselves, nullifying their own efficacy or cause damage to the body.

## **LONG TERM MEDICATION:**

Any drug, however safe it is, if used for a long time can cause adverse effects on the body; thus one should avoid using a drug for a long time. But in some diseases, there is no other go and one has to take medicines for a long time. Example: Diabetes, Hypertension (High blood pressure), Tuberculosis, Leprosy, Epilepsy, severe mental illnesses like Schizophrenia, Manic depressive psychosis etc. Here stopping the medication is much more dangerous than a few side effects of the drug. Therefore in such cases, drugs have to be taken under the guidance of the doctor.

## WHAT ONE SHOULD DO?

After knowing the dangers of the misuse of drugs one should be cautious and judicious in using them. Follow the following instructions and be safe:

- 1) Make sure that the drug you are consuming is absolutely essential and the right one.
- 2) Take the drug in correct doses and for the prescribed time – NOT LESS OR NOT MORE.
- 3) Don't make alterations in the dose or duration without consulting your doctor.
- 4) However intelligent you are, don't drug yourself.
- 5) Give all the details of the symptoms and yourself to the doctor. Take along with you, the previous investigation reports and prescriptions. Don't hide or give wrong information.  
Help the doctor to make a diagnosis.
- 6) Request your doctor to prescribe as less a number of drugs as possible and stick to one system of treatment. Keep in touch with your doctor. Do not keep changing the doctor. Do not take drugs belonging to different systems simultaneously.
- 7) Keep the drugs in safe place under lock and key. Keep them away from moisture, heat & dust. Check their date of expiry. Buy drugs manufactured by standard companies.

## INDUSTRIAL SAFETY AND MENTAL HEALTH

Accidents do occur in industrial set-ups claiming human lives or making people disabled. At the same time unhealthy environment in the industries like noise, smoke, chemical waste, fumes of heavy metals, monotony are proved to cause physical and mental disabilities as well as diseases. The other face of the coin is persons with a sound and healthy mind are capable of preventing the accidents and increase the safety. Thus industrial safety and mental health are inter-related and inter-dependent. But mental health has not received the needed attention and importance in our industrial set-ups.

Industrial safety includes individual safety, others safety and safety of the machines and equipments. Industrial safety is essential for the welfare of the persons concerned and healthy growth of the community. A mentally healthy person is the cause and result of a safe industrial set up. He has the following features:



- 1) He is generally happy, feels comfortable in all situations.
- 2) He makes others feel comfortable. He helps and supports others. He respects the views of others.
- 3) He maintains good inter-personal relationship with others in the family, neighbourhood, workplace and in the society.
- 4) He feels proud of his abilities, achievements. He accepts his limitations and keeps on trying to improve himself.
- 5) He is organized, plans ahead and functions cost-effectively making maximum use of the resources available.
- 6) He has healthy habits and recreative activities.
- 7) He keeps himself away from intoxicating substances like alcohol, ganja, opium.
- 8) He enjoys working to achieve short-and long-term goals which make his family and society prosper.
- 9) He is realistic and avoids day dreaming and fantasies. He perceives the environment as it is and tries to live in harmony with it.

The following mental functions have to be in their optimum level of functioning to keep the individual totally fit and efficient so that he can avoid all the preventable accidents and take steps to promote safety.

- 1) Fully conscious state with good attention and concentration.

- 2) Even temperament and a general mood of happiness.
- 3) Smooth, logical and goal-oriented thinking.
- 4) Crisp perception through eyes, ears, nose and skin and grasp the reality. No room for day dreaming and fantasy.
- 5) Good learning skills and memory.
- 6) Good spacial orientation (ability to assess the distance between various objects and their location in the space).
- 7) Appropriate self-image and self-confidence.
- 8) Discipline and good organizational abilities.
- 9) Abilities to maintain good inter-personal relationship in a hierarchical set-up which depends on,
  - (a) Communication skills
  - (b) Respect for others' views and opinions
  - (c) Acceptance of others' weaknesses and drawbacks and willingness to support them
  - (d) Willingness to share the benefits and resources with everybody.

It is well-known that each individual differs from the other in having the above abilities. Not only each one functions at a different level but also exhibits these abilities differently in different situations. An efficient person may behave inefficiently in a situation and can make silly mistakes. There are various factors which determine and influence the mental abilities.

## (A) BIOLOGICAL FACTORS

1) Genetic and hereditary factors: Genetic and hereditary factors play an important role in the formation of mental abilities. They are like foundation stones on which education and environmental factors determine the further growth.

2) Chemical make-up: Hormones and neurotransmitters are chemical substances which determine the functioning of the individual. For example, deficiency of thyroid hormone results in slowness in thinking and reacting to stimuli and in depressive mood. Appropriate secretion of adrenalin hormone is necessary for the individual to react to a difficult or dangerous situation. Dopamine or serotonin (Neuro-transmitters) deficiency leads to depression.

3) Physical state: The physical health or ill-health influences the functioning of the mind. Visual defects, impaired hearing, weakness arising out of anaemia, vitamin or protein deficiency, diabetes mellitus, tuberculosis, hyper-tension etc., poor blood supply to brain because of thickening of the blood vessels (athero-sclerosis) or thrombo-embolic phenomenon (formation of blood clots in the arteries) affect the efficiency of the person. Noisy and unhealthy working conditions, monotonous work can also reduce the efficiency of the workers, because of physical exhaustion.

4) Drugs: Drugs used to treat diseases or intoxicating drugs like alcohol, ganja, opium can impair the mental abilities of the individual. Drugs like anti-



histamines (anti-allergic), anti-epileptic (phenobarbitone), minor tranquillizers (Diazepam), major tranquillizers (chlorpromazine), anti-depressants (amitriptylene) cause side effects like drowsiness, giddiness, making the person less alert. Alcohol is a central nervous system depressant and causes brain damage in the long run. A person under the influence of alcohol or in a withdrawal state is a potentially dangerous person for himself and others. Because of many misconceptions, many industrial workers develop the habit of taking alcohol, which has to be discouraged for their and others' safety.

## **(B) PSYCHOLOGICAL FACTORS:**

1) Personality type of the individual: There are different types of personality which are determined by genetic factors, parenting, childhood experiences, education, environmental factors and socio-cultural factors. Some are hardworkers and serious about everything they do. Some take things lightly and are disorganized. Some are friendly and adjust to others' need. Some are suspicious and keep rubbing with others. Some are immature and depend on others for taking even simple decisions. Some are short tempered and aggressive. Some are very selfish and show least concern for others' well-being. Some are highly ambitious and ignore the norms to achieve their goals.

2) Mental Equilibrium: There are three forces in our mind. One force (Id) which is always pre-

occupied with fulfilling the basic needs like hunger, thirst, sex, pleasure. This force is primitive and irrational. The other force (super ego) tries to follow various norms presented by religion, law and society. This is responsible for ethical and moral values of an individual. The third force (ego) tries to be realistic and rational, meet the demands of both id and super-ego and keep the integrity of the individual. A strong ego helps in maintaining the mental equilibrium. Conflicts arising out of id and super-ego demands, disturb the mental equilibrium and reduces the efficiency of the individual. This can lead to mental illnesses too.

3) Mental State: It is estimated that 15% of the population at any given point of time suffer from one or the other type of mental disorder, making them less efficient. The following are the most common mental disorders seen in any community:

- (1) Depressive illness
- (2) Anxiety Neurosis
- (3) Hysteria
- (4) Psycho-somatic illnesses like peptic ulcer, hypertension, obesity, rheumatoid joint pains, migraine headache etc.
- (5) Schizophrenia
- (6) Mania
- (7) Brain damage and related problems
- (8) Phobia (irrational fear)
- (9) Personality disorders
- (10) Alcohol and other intoxicating drug abuse.

Some people may not have diseases but specific mental deficits like poor mathematical ability, poor in language and communication skills, difficulty in understanding technical issues, symbols etc. Such deficits have to be identified, accepted and appropriate training has to be given to such individuals. Labelling them as mentally retarded, inefficient or invalids should be avoided. Since the physical state and mental state can vary depending on many factors and a person can have poor physical and mental state on any day and at any time, a constant vigil by both the individual and the concerned (especially the supervising staff, family members and colleagues) has to be maintained to identify the individual with physical or mental problem to avoid accidents. How to identify the individual who is at risk? The following factors have to be kept in mind:

- 1) Individuals who work in very noisy, closed atmosphere with poor air and lighting arrangements and who have to do jobs of monotonous nature;
- 2) Individuals who work near boilers, moving machines, on elevated places, with heavy metals;
- 3) Individuals who have recently lost one of their family members by death, separation etc.;
- 4) Individuals who are in financial crisis, whose close relatives are suffering from disabling illnesses or hospitalized;



- 5) Individuals who of late have become irritable, irregular and less efficient;
- 6) Individuals who use alcohol, ganja, opium, tranquillizers, sedatives;
- 7) Individuals who are physically disabled or suffering from chronic illness like diabetes mellitus, hypertension, epilepsy, heart ailments, asthma, allergic diseases;
- 8) Individuals who are known to be suffering from mental disorders like depression, schizophrenia, manic-depressive-psychosis etc.;
- 9) Individuals who seem to be unhappy and upset because of disturbed relationships with others in the work place or not getting increments and promotions etc.

### **How to increase the mental abilities and prevent accident proneness of an individual?**

It is possible to improve the mental abilities of an individual by taking measures to reduce one's anxiety depression and see that he is happy and contented. Suitable changes in one's attitude, beliefs, expectations will also help in this regard. The individual and the concerned people could follow the following suggestions:

- 1) Improve the work-atmosphere in terms of reducing noise, provide better ventilation, breaking the monotony with periodic short intervals or change in the nature of work;
- 2) Healthy recreation facilities for the workers like

reading music, indoor and outdoor games, hobbies, yoga and pranayama classes, picnics, social get togethers etc.;

- 3) The supervisory staff talking to each worker in the beginning of the day and enquire into physical and mental health;
- 4) Individual interviews/group meetings to discuss different problems (individual/ family/occupational). The social welfare officers and supervisory staff can take initiative in these meetings to provide emotional and other type of support and help to the needy. In such meetings, more emphasis should be given for ventilation of suppressed emotions;
- 5) Periodic refresher training to the workers who have to work in dangerous places;
- 6) Periodic medical checkups for physical and mental disorders. Appropriate and regular treatment for diseases thus identified should be made available;
- 7) Arranging workshops to improve interpersonal relationships, communication skills and other human related problems with the guidance of a mental health professional like psychiatrist, psychologist or social worker;
- 8) Increase the awareness about the harmful effects of alcohol and other intoxicants and discourage their use.

## YOU AND YOUR MENTAL HEALTH

Mental health is defined as an ability to be comfortable in any situation and to carry on the routine activities successfully. At the same time he should make others comfortable in his presence. A mentally healthy person accepts his (her) role as parent, son (daughter), spouse, colleague, friend, neighbour etc., and discharges the duties honestly. He strives for a better status and works sincerely to progress. He is free from any mental illness. He has certain goals and ideals which are beneficial to him, his family and others.

How to maintain one's mental health? How to improve it? If we look at various factors which play an important role in the development of our mind and maintain its health, we get the answer for these questions. Our parents attitude and their child rearing practices, their harmony, nutritious food, sensory stimulations, love and affection from the family members, support and guidance from the concerned, education, models in the society, the social and cultural norms determine and direct our mental functions. Try your best to follow the following suggestions:



- 1) Be regular in eating. Take green leaves, vegetables, fruits, milk (if you are a non-vegetarian, egg, fish and meat) cereals, groundnuts, so that you get a balanced diet. Do not over eat. Do not take excess of sweets, foods rich with fat and oil.
- 2) Do exercises every day. It could be walking or jogging or running, different games, gymnastics etc.
- 3) Organise yourself. Plan your daily activities. Avoid ad hoc and instantaneous hasty decisions.
- 4) Know your abilities and limitations. Accept your drawbacks and deficits. Have your ambitions, goals within these abilities and limitations. Feel proud of your abilities. Instead of worrying about the limitations, try to improve your abilities.
- 5) Whenever you start attending to a task, tell yourself, 'I will do my best. I will put an honest effort. Let me not worry about the result.' This will take away the performance anxiety and you will certainly do better!
- 6) Learn the art of relaxation. Keep aside 40 to 60 minutes every day to do activities which make you happy and proud of yourself. For example, healthy hobbies like reading, writing, music, arts, painting, gardening and other creative activities.
- 7) Yoga, pranayama, meditation help you to relax.

- 8) Keep yourself away from intoxicating substances like tobacco, alcohol, ganja, bhang, opium, heroin, brown sugar, hypnotics and sedatives.
- 9) Have one or two very intimate friends (among **your friends**, relatives, colleagues and well wishers) and share with them your achievements and failures; pains and frustrations.
- 10) Do not neglect the common ailments. Do not medicate yourself. Select one doctor as your physician and consult him for any health problem. Follow his instructions carefully and go back to him if there is any doubt.
- 11) Avoid head injuries. While driving a two wheeler, wear a good helmet properly. Follow traffic rules. .
- 12) Help others who are in distress. This increases your self-respect and confidence. Join an organisation which is doing some social service activities.

## YOUR CHILDREN

- \* Love them. Show your affection but do not over-protect them.
- \* Support and guide them. Teach them the social, ethical norms and practise these values and norms along with them.
- \* Discipline is necessary but avoid severe punishment.
- \* Appreciate their good behaviour.
- \* Encourage them to have more friends and

more social interactions with different kinds of people. Let them learn the art of living harmoniously with all types of people.

- \* Allow them to make their own independent decisions regarding various problems and guide them.
- \* Let them play organised games for one or two hours everyday.
- \* Give them nutritious food and encourage them to be regular in their day to day routines.
- \* Be a model yourself or provide models of healthy behaviour.

## FAMILY MEMBERS AND OTHERS

Be friendly and kind to all. Show love and affection to others without expecting anything in return. Appreciate their good gestures, talk and behaviour. Avoid them when they misbehave. Help them if you can. Share the resources. Accommodate if there are differences of opinion. Have a few common activities. Encourage good communication which brings harmony among the family members.

### Remember:

Mental Health brings value to life.



## List of Mental Hospitals and Psychiatric Departments in India:

### Andhra Pradesh

Govt. Hospital for Mental Care,. Hyderabad and Vishakapatnam.

### Assam and other NE states

Mental Hospital, Tejpur.

### Bihar

Mental Hospital, Ranchi.

Central Institute of Pshychiatry, Ranchi.

### Delhi

Hospital for Mental Diseases, Shahdara.

### Goa

Institute of Psychiatry and Human Behaviour, Panaji.

### Gujarat

Mental Hospital, Shaibagh, Jamnagar, Bhuj and Vadodara.

### Jammu and Kashmir

Psychiatric Diseases Hospital, Srinagar.

### Karnataka

National Institute of Mental Health and Neuro-Sciences, Bangalore

Mental Hospital, Dharwad.

## **Kerala**

Govt. Mental Hospital, Calicut, Trichur and Trivandrum.

## **Madhya Pradesh**

Mental Hospital, Gwalior and Indore.

## **Maharashtra**

Mental Hospital, Yervada - Pune, Ratnagiri, Thane and Nagpur.

## **Nagaland**

Mental Hospital, Kohima.

## **Orissa**

Mental Health Institute, Cuttack.

## **Punjab**

Mental Hospital, Amritsar.

## **Rajasthan**

Psychiatric Hospital, Jaipur.

Mental Hospital, Jodhpur.

## **Tamil Nadu**

Institute of Mental Health, Kilpauk, Madras.

## **Uttar Pradesh**

Mental Hospital, Agra, Bareilly and Varanasi.

## **West Bengal**

Hospital for Mental Diseases, Calcutta.

Lubini Park Mental Hospital, Calcutta.

Mental Hospital, Hoogly.

Mental Hospital, Murshidabad.

Bangia Unmad Ashram, Calcutta.

Sarkarpole Mental Hospital, Paraganas.

PSYCHIATRIC DEPARTMENT is present in all Government and Private MEDICAL COLLEGE HOSPITALS in every state and Union Terriotries.

In some states like Kerala, Tamil Nadu every district hospital has a Department of Psychiatry. In other states, 10 to 50% of the district hospitals have Department of Psychiatry.

Private Psychiatrists are practising in almost all cities and big towns.



## **Our Forthcoming Publications**

**Indian Philosophy : Myth and Reality**  
— Dr. Debiprasad Chattopadhyaya

**Gods, Ghosts, Witchcraft and the Mind**  
— Dr. C.R. Chandrashekar

**Adolescent Mind - Problems and  
Preventions**  
— Dr. C.R. Chandrashekar

**Mental Disorders - Your Beliefs Right  
or Wrong ?**  
— Dr. C.R. Chandrashekar

**Tradition, Science and Society**  
— Dr. S. Balachandra Rao

**Astrology - Believe it or not ?**  
— Dr. S. Balachandra Rao



What is mind? How it develops? What is the relationship between mind and brain? Why some people have strong mind and some have weak mind? Some are more intelligent, some are less intelligent. When we want our mind to be stable, it remains unstable. Our mind gets upset very easily and for very trivial reasons. What are the differences between a healthy and a sick mind? Why some become mentally ill? Is mental illness hereditary? What is the role of environment? How many people suffer from mental illnesses? Are there different types of mental illnesses? Are they treatable? Are the mentally ill people dangerous? Are women and old people prone to mental illnesses than men and young people? Are sexual problems related to body or to mind? Is it possible to improve mental health?

Apart from this, the current medico-social problem like drug addiction has a prominent exposition in this Book.

For answers and scientific information about your mind, please read "Mind Your Mind".